



VICTIM SUPPORT  
ACT Human Rights Commission

## **VSACT Client Services Team**

Principles-Based Approach to Practice

November 2021

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## Purpose and Scope

The purpose of this principles-based approach to practice document is to provide new and current staff with information about how trauma-informed practice principles can be embedded into practice in the client services team of Victim Support ACT (VSACT). This document was developed through a survey and interviews that were conducted with the Case Coordinators and Case Managers in the VSACT Client Services Team (CST). This document is not intended to be used as procedural framework, rather to promote thinking and awareness around trauma-informed practice. When used in conjunction with training this document will help form a foundational knowledge base that can guide decision making for practice.

This document also provides practical ways in which staff can tailor trauma-informed practice to support people living with disability. Considerations that need to be made for people living with disability are listed for each trauma-informed practice principle.

Other VSACT staff may find this document useful as a way of understanding how the six principles of trauma-informed practice can be applied to direct practice when working with victims of crime. In general, VSACT Case Coordinators are expected to deliver services in a trauma-informed manner, not deliver clinical trauma treatment. This can foster a deeper understanding of these principles than is possible with a purely theoretical approach.

The information from the Blueknot Foundation was used to inform this project<sup>1</sup>. The Blueknot Foundation is the National Centre of Excellence for Complex Trauma in Australia.

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<sup>1</sup> The Blueknot Foundation. *Organisational guidelines for trauma informed service delivery*. 2020.  
<https://blueknot.org.au/product/organisational-guidelines-for-trauma-informed-service-delivery-digital-download/>

The Blueknot Foundation. *Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*. 2012.  
[Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery - Digital Download - Blue Knot Foundation.](#)



## Trauma-informed Practice

Trauma can arise from one or multiple adverse events that threaten to overwhelm a person's ability to cope. When it is repeated and extreme, reoccurs over a long period of time, or is perpetrated by carers during childhood it is called complex trauma. Complex trauma does not only affect survivors but also their children and other people around them<sup>2</sup>.

While many trauma survivors show remarkable resilience a large number are left struggling day to day with their health, wellbeing, emotions, relationships, sense of self and identity. Trauma can affect people's ability to seek help and support. This is because many survivors continue to feel unsafe, have trouble trusting others and continue to live in fear. This can make it difficult to come forward and seek help or to stay engaged with service providers.

Trauma-informed practice is a strengths-based approach which is founded on the six core principles of Safety, Choice, Trustworthiness, Collaboration, Empowerment and Respect for Diversity.

Trauma-informed services support people to feel safe, build trust, and overcome their fear and sense of betrayal. They focus on safety and avoiding re-traumatisation and understand the need to build skills and capacity rather than symptomatically manage trauma responses.

Below are the key characteristics of trauma-informed services.

Trauma-informed services:

- Are aware of the possibility that any person seeking support could have an experience of trauma.
- Apply the six core principles of safety, choice, trustworthiness, collaboration, empowerment and respect for diversity.
- Accommodate the vulnerabilities of trauma survivors including people from diverse backgrounds.
- Minimise the risk of re-traumatisation.
- Promote healing.
- Encourage physical and emotional safety for everyone.
- Recognise coping strategies as attempts to cope.
- Collaborate with clients (doing with clients instead of doing for clients).
- Understand the importance of respect, dignity and hope.
- Focus on the whole context in which a service is provided and not just on what is provided.<sup>3</sup>

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<sup>2</sup> Kezelman, Cathy. "Trauma informed practice." Mental Health Australia. Last modified 12 June 2014. [Trauma informed practice | Mental Health Australia \(mhaustralia.org\)](https://www.mhaustralia.org/trauma-informed-practice)

<sup>3</sup> Blueknot. "Building a trauma-informed World." The Blueknot Foundation. Last modified 2021. [Building a trauma-informed world \(blueknot.org.au\)](https://www.blueknot.org.au/building-a-trauma-informed-world)

## Trauma-informed Practice Principles

### 1. Safety

When embedding the principle of safety into practice it is important to remember that safety refers to more than just physical safety. Emotional and cultural safety must also be considered.

#### *Some things to keep in mind when thinking about Safety:*

- Considerations for safety begin before making contact with clients, by thoroughly reading referrals or existing notes to ensure that the client does not have to repeat parts of their story unnecessarily. Additionally, keeping thorough notes helps other staff avoid this in the future.
- When contacting clients, ensuring privacy and confidentiality can help keep a client safe. You can do this by checking you are speaking with the correct person, exploring whether the client realises they had a referral made and if they know what that referral contains, and checking that there is not another person in the room who they feel uncomfortable or unsafe to speak in front of.
- Special considerations for safety need to be given to people who disclose domestic and family violence. These considerations include checking if the person can speak at the time you call, or if the person using violence is present and asking if it is safe to leave messages or to send emails. Keep in mind that technology and communications may be being monitored by people using violence.
- Creating feelings of safety can be difficult when contact is over the phone. Being mindful of the tone, pitch, volume and speed of your speech can help to foster a safe experience for clients.
- The safety of staff also needs to be considered. Some ways that staff can keep themselves safe include not divulging their surnames to clients, ensuring emails to clients are sent from the VSACT email address, and minimising their social media presence.

#### *Considerations for people living with disability:*

- Some people living with disability may need help to make a call to VSACT, but that does not mean that the support person will always need to be present throughout the call. It is good to check with the client and see if they feel comfortable having the carer stay through the call.
- People living with disability may also require appointments in a face-to-face capacity in order to communicate their needs and / or engage effectively with the service. This should be accommodated where possible.

## 2. Choice

Ensuring that clients have choice in relation to services they take up gives them a sense of power and control in circumstances that may have been very disempowering.

*Some of the ways the VSACT Client Services Team ensure choice for clients include:*

- Catering as much as possible to clients' preferences (e.g. gender, location and therapy style) when referring to a provider for counselling.
- Using a strengths-based approach when supporting clients applying for the Financial Assistance Scheme (FAS). Which means giving clients the opportunity and information needed to complete the application themselves, where possible, but providing support to complete the application should they need it.
- Providing clients with information to be able to make informed decisions. This includes if a client raises a concern under the Charter of Victims Rights or if they need advocacy with police.
- Ensuring clients understand the risks and consequences of actions in order to make informed decisions; and delivering information in a way the client can understand.
- Offering and arranging warm referrals to other programs within the Human Rights Commission and external agencies.
- Providing clients with options for how they may be supported by VSACT and allowing them agency to choose what supports they want to engage with.
- Informing clients that the Aboriginal Unit, Disability Liaison officer and Cultural Liaison Officer are available for referral if they would like this type of support. However, the assumption is not made that all clients that identify certain diversities always require this support and consent is always gained for referrals.
- Providing choice access to the team of skilled VSACT volunteers available for support at court and assistance to complete FAS applications. Many clients have found the volunteer court support to be incredibly helpful for providing information and moral support when attending court.

*Considerations for people living with disability:*

- People living with disability can be limited in choice due to the supports they require. This may mean that they have difficulty making decisions or maintaining boundaries. Therefore, It is important to support people with disability in making informed decisions by providing them with choice, and allow for appropriate time to make their decisions.

### 3. Trustworthiness

Trustworthiness is an integral element of trauma-informed practice. Being perceived as trustworthy allows the worker to build a strong therapeutic relationship with the client. This in turn helps to foster feelings of safety.

*Some things you can do to show clients you are trustworthy include:*

- Letting clients know that you believe them and what they have been through. This can also include validating clients and their experiences of trauma.
- Ensuring that the client has a good understanding of what services are offered by VSACT. This helps to manage client's expectations and ensures that clients do not get disappointed by expecting services that are not available.
- Managing expectations around interactions with police and other agencies. While the Client Services Team can assist in interactions with police we cannot always guarantee certain outcomes. Ensuring that clients are aware of the limitations of the service can help avoid disappointment.
- Being clear with timeframes that you will contact or follow up with a client and ensuring that these time frames are met. If you are away when you are due to contact a client you can ask another member of the team to let the client know that you will contact them at another time. This shows the client that you are thoughtful and can be trusted.
- Being transparent and upfront about mandatory reporting and duty of care obligations can help build trust.
- Letting clients know if you are planning to make a child concern report, contact Access Mental health or police about their safety is best practice wherever possible. Being transparent about when we are sharing information may at times upset a client, but it minimises suspicion on the part of the client.

*Considerations for people living with disability:*

- Some people living with disability may need information about consent, confidentiality and privacy to be simplified into Easy English/Plain Language to make it easier for them to understand. It is also good to include examples of why confidentiality may need to be broken e.g.. if the client was hurt and you needed to ring an ambulance, you would have to be able to give their address for the ambulance to help them. Also explaining mandatory reporting around child safety in a clear way and that you would always try to speak with them before making a report if possible.

## 4. Collaboration

Collaboration in trauma-informed practice refers to collaboration not only with external agencies and other services but also collaboration with the client themselves. This is often referred to “doing with” the client rather than “doing for” the client.

*Ways that the Client Services team promotes collaboration with other services and clients include:*

- Remembering that we are supporting the client to be an expert in their own life and situation. Even though an option may appear to us to be the best option available for the client, and we can encourage them to take a certain action, they have the choice and final say in what is best for them.
- Respecting the choice, autonomy and agency of a client by providing them options and information on services and supports but allowing them to choose if, when or how they engage.
- Affording clients dignity of risk
- Offering and arranging warm referrals to external agencies; and continuing to communicate with external agencies to support the needs of clients as appropriate with consent from the client.
- Shared problem solving – recognising the efforts the client is already making to address problems, exploring and building on these efforts.
- Remembering that the lives of clients can be very complex. This complexity may influence their reasoning for not wanting to engage in any particular service and this must be respected.
- Asking clients what they think would be the most helpful way for staff to support them. This conversation can also help staff better understand the client’s expected outcomes.

*Considerations for people living with disability:*

- Working with people living with disability can involve a lot of collaboration. Many people living with disability can require supports which aid in daily living tasks. To provide comprehensive support to people living with disability it is important that these services collaborate, with the consent of the client, and work together to help achieve the desired outcome for the client. For VSACT this may mean liaising with carers who will transport clients to face to face meetings and being flexible with the timing of these meetings. Additionally, another organisation that the client is already connected with may offer a service that supports or compliments the work that VSACT does with the client.

## 5. Empowerment

Empowerment happens when other trauma-informed principles are used in practice. By ensuring that clients feel safe, build trusting relationships, have choice and are collaborated with to be active participants in their situation, clients are empowered.

### *Building Capacity*

Some clients need help in building capacity to be empowered. This can be because they lack an understanding or knowledge about what they are experiencing. For example, understanding court processes and what their role in these processes are. This is where psychoeducation and information provision can be very useful. By ensuring that the client has access to and understands all the information they need, they are being empowered to take control of their situation. This capacity building can be more difficult for different people, and this could be due to responses they have to the trauma they have experienced. It is important that this work continues despite it sometimes being a slow process.

### *Identifying capacity*

Recognising capacity and making clients aware of their own capacity can be incredibly empowering. This can be as simple as outlining the tasks that need to be completed to achieve a certain outcome. Then clearly stating which tasks you are willing to help with and which you think the client has the capacity to complete on their own. However, it is important that the client understands that if they are struggling in completing these tasks support is still available.

### *Considerations for people living with disability:*

- People living with disability may have experienced chronic and systemic disempowerment. Often this occurs through people around them perceiving that they have low or no capacity to make decisions for themselves. Some people living with disability may find it challenging to make decisions for themselves as they have may not have had much experience exercising control over their rights. Because of this it is very important that people living with disability are included in decision making and supported to be able to make decisions for themselves. An example of this is if a client has a legal guardian. The client still has the right to be included in the decision-making process and should be made aware of all decisions before they are finalised.

## 6. Respect for Diversity

The CST work with people from many different diversity groups. This can include, but is not limited to, Aboriginal and Torres Strait Islander people, people living with disability, people from Culturally and Linguistically Diverse (CALD) backgrounds, members of the Lesbian, Gay, Bisexual, Trans, Queer/questioning, Intersex, Asexual+ (LGBTQIA+) community and people of different age groups including children.

*When working with people who identify diversity it is important to remember:*

- People will not always identify with just one type of diversity. For example, someone could be Aboriginal but also a member of the LGBTQIA+ community. They may also live with disability. Intersectionality of diversity presents additional challenges and barriers for people, and it is important to recognise this to be able to best support people.
- Not all people who identify a type of diversity will want support that is tailored to that diversity. For example, someone may be from a CALD background but have no barrier when it comes to communicating in English, this may mean that they do not want to engage with the Cultural Liaison Officer.
- The Aboriginal Unit, Disability Liaison Officer and Cultural Liaison Officer are points of referral for people who identify diversity, but they can also assist staff in a capacity building and advisory role. This can be useful when working with people who choose not to be referred to a liaison officer or who identify multiple diversities.
- While a single worker cannot be aware of cultural sensitivities and norms of every culture they can ask clients if there are any norms or customs that they should know about. Once aware of these cultural requirements efforts should be made to ensure they are accommodated too. For example, a client may request to have a worker of a certain gender. This can be difficult to accommodate if there is a lack of gender diversity among a team, but efforts should be made to accommodate this where possible.
- Engaging in up-to-date cultural awareness training and attending refresher courses can help staff provide safe and appropriate support to people from CALD backgrounds.
- Encouraging clients to give us feedback about how we are working with them and adapting our approach to their requests where possible and appropriate.

*Considerations for people living with disability:*

- When supporting people living with disability it is important to remember that they also have a cultural background. This means that consideration needs to be given to the added difficulties and barriers that this intersectionality can bring. Some people may require multiple supports while others will identify what diversities they want support with. It is important not to assume what supports a client will want without asking them.

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## Victim Support ACT

### Standard Operating Procedure – Case Management

#### Purpose

This Standard Operating Procedure (SOP) outlines the processes to be undertaken when clients are allocated to a Case Manager for the provision of case management services.

#### Scope

This SOP applies to all Health Professional Officers at Victim Support ACT working in a case management role, including Case Managers working in the Intake and Assessment team (IAT), and students on placement at VS ACT.

#### Procedure

##### Initial Engagement

##### 1. Initial Attempt to Contact

1. Once the IAT determine that a client is eligible and suitable for case management services through VS ACT, they will be placed on an **allocation list**<sup>1</sup>.
2. Upon allocation, a Case Manager is required to review the file and attempt to contact the client within 5 working days to arrange a suitable time for an assessment appointment.
3. Contact must be attempted on 2 separate occasions at different times of the day on different days within a 10 working day period.
4. An initial attempt to contact should be over the phone. A voice message can be left if deemed safe to do so.

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<sup>1</sup> VS ACT Caseload allocations SOP

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5. Where appropriate the second contact, can be made via an SMS to the client providing Case Managers contact details and purpose of contact. SMS messages to clients are to be sent via VS ACT's SMS delivery service, and **not** from personal mobile phone devices.
6. The second contact attempt, maybe appropriately be via email, if there has been previous contact via email, if the client has provided this as a contact pathway and if deemed safe to do so.
7. All attempts at contacting the client are clearly documented on the client file and electronically on the client database. Accurate and timely case notes on all activities and discussions undertaken are required<sup>2</sup>.

## 2. Appointment Confirmation

1. Once a Case Manager gets in contact with a client, they will arrange a suitable appointment time to undertake an assessment. An initial assessment appointment should be arranged within 2 weeks of allocation to the Case Manager.
2. A face-to-face appointment should be scheduled for between 1 to 1.5 hours in duration, and ideally no longer in duration<sup>3</sup>.
3. The assessment process and purpose should be carefully explained to the client when arranging the appointment. Clear explanations about what is happening and why, are essential to provide a sense of physical and emotional safety.
4. Discuss how a client might be travelling to the appointment, and provide relevant information about parking, the location of the agency and what to expect when they arrive at the building (e.g. Security Guards will have a client list).
5. Phone assessments will be undertaken when the client lives interstate.
6. When scheduling appointments, consideration should be given to allowing for adequate time to complete relating paperwork<sup>4</sup>.
7. The arranged appointment time should be placed on the VS ACT Intake calendar, including the following details:
  - Case Manager's initials;
  - clients first name;
  - client's UI number;
  - the relevant room that has been booked; and

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<sup>2</sup> (Records Management) policy

<sup>3</sup> VS ACT's Vicarious trauma policy

<sup>4</sup> (Records Management) policy

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- whether the appointment is an initial assessment appointment (Assessment: initial) or a second intake appointment (Assessment: subsequent).
8. An appointment confirmation letter can be posted or emailed to the client.
  9. Alternatively, an SMS can be sent through, confirming the time and location of the appointment (Appendix B).
  10. The Case Manager can offer to send a confirmation SMS prior to the arranged appointment. If a confirmation SMS is requested, place a reminder in the VS ACT Intake calendar on the agreed day.
  11. The assessment appointment and the confirmation SMS reminder are placed in the VS ACT Intake calendar for the purposes of consistency and continuity.
  12. If the allocated Case Manager is away unexpectedly on the day, and advises that they are not attending work that day, the Intake and Assessment team can contact the client to either inform them that their Case Manager is away, or they can send an appointment confirmation SMS as agreed.

### **Assessment and Formulation**

#### **3. Appointment Preparation**

1. As far as practicable, the Case Manager ensures that the room booked for the appointment conveys a safe and welcoming environment.
2. The Case Manager should review the client's file prior to the intake appointment.
3. The Case Manager should have the relevant documentation and forms prepared prior to the appointment. This includes:
  - Privacy and confidentiality form;
  - Consent to share information form;
  - The assessment form that is generated through the client database;
  - Commonly utilised information factsheets, including
    - Factsheets that would have been sent to the client by the IAT Case Manager (normal reactions to trauma and severe stress, how to look after yourself & what to expect from counselling);
    - Factsheets about the criminal justice system;
  - Forms relating to financial assistance scheme (FAS) applications;
  - Template for preparation of a victim impact statement (a VIS);
  - Commonly distributed information about agencies/ Service brochures relevant to a client's experience of crime and their current circumstances; and/or
  - Other relevant paperwork.

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4. In instances where the use of the Translating and Interpreting service (TIS) is required, preparation needs to be made prior to the appointment. These include:
  - Access to a room that has a telephone which has a 'speaker' function; and
  - The VS ACT TIS code which is available from the Office Manager.

#### 4. Client Engagement

1. The role of the Case Manager at VS ACT should be discussed to ensure that the client has a clear understanding of the roles and responsibilities of the Case Manager and the client within the professional relationship. This includes procedures relating to the provision of hours of service through the Victim Services Scheme and regular contact to ascertain feedback.
2. The Case Manager should take the time to explain the assessment process and purpose to the client, and address any concerns that they may raise.
3. The Case Manager will take the time to explain and discuss **privacy and confidentiality** with the client. The Case Manager must ensure that the client signs the Privacy and Confidentiality form. Health Records Act 1997 specifically requires written consent to be obtained<sup>5</sup>.

#### 4. Conducting a Multidimensional Assessment of Strengths and Needs

1. The Case Manager will undertake a multidimensional assessment of a client's strengths and needs through respectful engagement and questioning.
2. The assessment is undertaken to:
  - find out how the person and their family have been affected by the crime<sup>6</sup>;
  - find out the strengths of the client and their family including current support systems both professional and personal;
  - find out the needs, concerns, values and choices of the client and their family;
  - find out about any existing health issues, mental health and/or drug and alcohol issues
  - find out about any other services that the client and/or family members are accessing
  - establish the current level of functioning so that progress can be monitored and outcomes are measured;
  - establish a clear understanding of their current circumstances and any relevant history'
  - prioritise support according to their level of distress;
  - establish if there are any Advance Care Plans in place, where appropriate
  - provide a personalised, individualised response; and
  - matching client needs to appropriate intervention.
3. Recognise that the assessment may require an additional appointment.

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<sup>5</sup> Schedule 1, Principle 10, Health Records Act 1997

<sup>6</sup> Physical, emotional, psychological and/ or financial wellbeing

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4. Make the assessment based on a client's responses, both verbal and non-verbal. Ensure they have adequate opportunity to provide input.
5. The assessment form can be utilised during the appointment to guide discussions with the client.
6. If appropriate, the screening tool is to be utilised to check symptoms or level of distress (screening tools to be identified and endorsed for use).
7. At times a Case Manager and client may disagree on an assessment. Ensure that both views and rationale for them are incorporated and understood.
8. Additional services which are currently involved or have a history of involvement can also inform the assessment process. Such services can assist in validating information gathered.
9. Obtain written consent to contact other agencies involved.

#### **6. Concluding an Assessment Appointment**

1. When finishing an assessment appointment the Case Manager should ensure adequate time remains to discuss the client's level of wellbeing following the assessment. Discuss self-care with the client.
2. In circumstances where an assessment may require a subsequent appointment, agree to contact the client to arrange the appointment.
3. Follow up contact with the client must be made within the agreed time frames of two weeks, however does not extend beyond one month.

#### **7. Bio-Psycho-Social Formulation**

1. Formulation exists in the context of the purpose of the assessment and what interventions are available.
2. Following the assessment appointment, collate all information and observations into a clear evidence based statement of the client's situation within each area of assessment. Information that has been gathered is utilised to make sense of a person's current situation.
3. This formulation is open to revision and re-formulation based on changing circumstances and contributing factors including categorised as predisposing, precipitating, perpetuating and protecting. Some are changeable, while others are fixed.

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## 8. Immediate action and support

1. At times an assessment may require an immediate or urgent response from the client or the Case Manager. This can include situations where the client is:
  - vulnerable to suicide and requires an immediate referral for support<sup>7</sup>;
  - has an upcoming court matter, either civil (protection orders) or criminal;
  - FAS assistance with immediate needs; and/or
  - Assistance, or a referral for support, with the preparation of a victim impact statement (VIS).
2. Ensure that it is clear to the client that immediate action is only to address immediate concerns, and that through the development of a recovery care plan, less urgent and longer term action planning can take place.
3. If appropriate, communicate agreed actions via an email or an SMS following the appointment. Clearly establish the timeframes within which these agreed actions, and follow up communication, are to occur.

## 9. Assessment documentation

1. Upon completion of the assessment appointment, the Case Manager is to promptly complete the following:
  - populate the client database as required;
  - complete the assessment form; and
  - place a printed version of the file.
2. This should be completed within 3 working days following the assessment appointment.
3. If a subsequent assessment appointment is required the Case Manager is still required to populate the assessment form with the information gathered, and place a draft copy on the client's file.
4. Where appropriate following an assessment appointment the Case Manager will follow up with an email or letter to summarise the issues discussed and agreed course of action.

## Recovery Planning

### 10. Developing a Collaborative Recovery Care Plan

1. A recovery care plan<sup>8</sup> is developed in collaboration with the client using the formulation in order to create a positive experience of help seeking. The plan is based on a strengths based model, which highlights levels of resilience and reflects a whole person centred perspective.

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<sup>7</sup> Refer to VS ACT Assessment and Intervention of People Vulnerable to Suicide SOP

<sup>8</sup> Referred to as a care plan in the Victims of Crime Regulation 2000

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2. Recovery care planning is undertaken with all clients, including children and young people, adults and older people. The process may be modified for use in specific circumstances, such as crisis, detention or specialty areas, although the principles of collaboration and partnerships remain the same.
3. The language used in the recovery care plan (the plan), is the language that the client would use, articulates the active participation of the client and affirms other people and the multidisciplinary team that will actively support the client to work towards and/or achieve their goals.
4. A plan identifies individualised 'SMART' recovery goals and uses a collaborative approach for information to be shared and goals to be identified and discussed.
5. A range of requested supports and services may be required to assist a client. This may include:
  - making a referral to an external Panel Service Provider for counselling and/or other complimentary physical therapies;
  - advocacy and assistance in relation to the criminal justice system;
  - referral for legal assistance with making a Financial Assistance Scheme (FAS) application;
  - referral for or provision of court support; and/or
  - referral to other services and community organisations.
6. Develop goals and strategies that are specific to achieving the desired outcomes. Goals need to be client focused, promote recovery from the impact of the crime and allow clients to take part in the social, economic and cultural life of the community.
7. Develop a plan of action for achieving goals with the client and include any other services to be involved. Alongside goals, state how they will be achieved, who will be responsible for related tasks and the timeframes for each identified goal. Tasks need to be straight forward and set out as a series of steps required to achieve the goal.
8. Where a client has been referred to the VS ACT by another provider e.g. Mental Health, GP, and with the client's consent, written feedback will be provided as soon as possible to the referrer as to the outcome of the referral and an indication of any further involvement by the VS ACT. If appropriate, the referrer will be invited to collaborate with the client and VS ACT on the recovery care plan.
9. With the consent and participation (as agreed) of the client, a planning meeting may be arranged with the relevant members of the treating and support network. Clients are encouraged to take a central, leading role in this process, but consideration should also be given to their ability and willingness to do this at the time. The process should be a supportive one that builds confidence and a sense of control. It may be appropriate to make use of an advocate, act as a mediator between relevant parties or use other strategies for planning other than a large meeting where the client may feel overwhelmed, uncomfortable or intimidated.

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10. The recovery care plan will be developed following on from collaborative discussions and determining priorities with the client. The client is invited to sign appropriate sections of the recovery care plan to indicate they have been involved in developing the plan and are in agreement with it. Copies of the recovery care plan are provided to the client and those nominated and agreed by the by the client to receive copies or information from the plan e.g. Approved Panel Service Provider. Any changes will also be communicated to relevant parties.
11. The client and those nominated by the client will be provided with appropriate information and education to assist them in the planning process, and optimise their participation and efficacy in planning.
12. It is important to establish if clients have an Advance Care Plan. An Advance Care Plan provides an opportunity for people to think, discuss and plan for the medical treatment they would prefer if they became too ill in the future to express their wishes. Advance planning promotes informed decision making, participation in treatment decisions and utilises the expertise of clients, their families and other supports to provide information on the best approach to provide support and services in circumstances when the client is unable to communicate this. Advance Care Plans in most instances are developed with the lead agency providing treatment, care and/or support for the client and VS ACT may have a role in providing complimentary services to support the client.
13. Efforts will be made to reduce duplication of the planning process. As far as possible, the client and their Case Manager and support network should work from a single plan. Where this is not practicable, the VS ACT plan should contribute to and be informed by other plans (e.g. GP Mental Health Care Plans, Advance Care Plans and Community Agency plans)

#### **11. Specification of roles and other services**

1. Recognise the plan as a collaborative activity between the Case Manager, external approved providers, client network and other service agencies.
2. Clarify and document what each individual and agency will contribute to the plan. Clarify the roles and expectations of all involved from both a client and agency perspective.
3. Set clear and realistic timeframes including clear monitoring and review processes.
4. Ensure the client is clear about expectations for them achieving their own part of the plan and what they can expect from others.
5. Have all parties sign off on the recovery plan to commit to their agreed responsibility.

#### **12. Risk assessment and safety planning**

1. Determine any risk and safety factors for the client and assess the levels of risk.

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2. Develop a risk management or safety plan if required.

### **Implementation**

#### **13. Delivery of recovery care plan**

1. Be action and solution oriented, work from a strengths perspective and include the client wherever possible. Respect the client's rights to self-determination.
2. Implementing recovery care plan actions and tasks is very practical work and requires a proactive approach to achieving the case goals. Maximise outcomes for the client by working in partnership with them.
3. Recognise the importance of the timeframes established and work within these.
4. Be flexible and re-formulate when plans are not working.

#### **14. Referral and advocacy**

1. The Case Manager needs to explore options and resources to effectively implement the care plan.
2. Referrals for shorter and longer term involvement of external agencies are likely to be necessary to expand resources and help achieve goals. Involve the client in the referral process.
3. Following the development of the recovery care plan the Case Manager identifies the appropriate evidence based therapeutic and/or non-therapeutic interventions.

#### **15. Collaboration and coordination of services**

1. Collaborate and actively build relationships with other service providers to support efficient work towards the recovery plan goals. Ensure all agencies are aware of each other's involvement.
2. Identify and reduce service or support barriers, gaps or overlaps that may arise.

#### **14. Communication and information sharing**

1. Maintain open communication channels with all stakeholders, including the client and hold them accountable for tasks to be undertaken. Regular communication helps to maintain a coordinated focus on achieving outcomes and meetings or case conferences with all stakeholders can support this process.
2. Make sure information shared is accurate and relevant, and be sure to discuss progress, challenges and proposed solutions with the client at all stages of implementation.

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## **Monitoring**

### **15. Review progress and re-strategise**

1. Engage and support the client with acknowledgement of their capacity, growth, insights and motivation.
2. Review the progress of the client towards outcomes, services and support activities against the recovery care plan.
3. Update and/or refine case goals, strategise and objectives to meet client needs and ensure goals are realistic and achievable. Consider the involvement of additional agencies or support if necessary.
4. Document and acknowledge progress.

### **16. Identify barriers and respond to change**

1. The monitoring process is likely to identify gaps or barriers to progressing objectives of the recovery care plan. Work with the client and other service providers to identify the challenges/barriers and openly problem solve.
  - Is the goal still relevant?
  - Has your situation changed?
  - Is there new information that needs to be considered?
2. Case Managers will need to be creative and persistent, and provide an individualised response to difficulties arising, working within the client's capacity and agency's resources.

### **17. Review agency involvement and possible transition or exit strategy**

1. Determine whether or not the client still requires agency involvement.
2. Review whether VS ACT is still the most suitable services to be providing the lead case management role, or the primary agency coordinating support for the client.
3. If another service is identified as the preferred lead agency, the VS ACT Case Manager will undertake to respectfully transition the client to a new service. This is discussed in the Transitioning/ Closure section below, and should be planned well in advance to reduce any potential client anxiety relating to this change.

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### **Transitioning/ Closure**

#### **18. Recognition of achievement and planning next steps**

1. Include the client in the process in the process of transition and closure, and be clear about why transition or closure is appropriate at this time.
2. Plan the next steps carefully and ensure there is appropriate support in place of a successful transition. Make sure the client and other services involved are clear about timeframes involved and other opportunity for re-engagement if needed in the future.
3. Celebrate what has been achieved and acknowledge the growth and progress of the client.
4. Reflect and learn from the challenges and successes of the case management service in the context of the client's experience of crime and their individual circumstances.

#### **19. Recognition of contributions of all parties**

1. Take the time to recognise the efforts, contributions and support of each partner, including the client.
2. Acknowledge the successes and the challenges and opportunities for future partnership. Discuss this during monthly supervision/ fortnightly case review meetings.

### **Evaluation**

#### **20. Evaluation of process and outcomes**

1. Undertake an evaluation process as part of reflective practice and continuous improvement processes.
2. Determine the type(s) of evaluation to be undertaken, such as:
  - Client satisfaction survey
  - Focus group
  - Focused evaluation (focus on one aspect of the process)

#### **21. Use evaluation to strengthen ongoing practice and partnership**

1. VS ACT may conduct a focussed evaluation, for example on the assessment stage, which might include:
  - The timing of the assessment;
  - The Case Manager carrying out the assessment;
  - The environment;
  - The form/paperwork/ assessment and screening tools used;
  - The life domains covered;

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- Any gaps or systems supports or issues; and/or
  - The perceived relevance of the information gathered.
2. Use others in the process to undertake reflective practice:
    - Identify if there are any areas that needs improving in the broader system – if so advocate for change
    - Identify if there are organisational changes in policy or procedure that could improve on case management practice within your service
    - What did you learn about yourself in the process
  3. Don't be afraid to critically analyse the process, your practice and learnings.
  4. Use the information to improve future services responses and practice.

### **Related Legislation and Policies**

Crimes Act 1900

Human Rights Act 2004

Victims of Crime Act 1994

Victims of Crime Regulation 2000

Victims of Crime (Financial Assistance) Act 1983

VS ACT Assessment and Intervention of People Vulnerable to Suicide SOP

### **Standards**

Case Management Society of Australia's (CMSA) National Standards of Practice of Case Management

Codes of Ethics, Australian Association of Social Workers (AASW) 2010

Codes of Ethics and Practice, Australian Counseling Association (ACA) 2012

Australian Psychological Society (APS) Code of Ethics 2007

ACT Public Service Code of Conduct

ACT Public Service Code of Ethics

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**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



## Victim Support ACT

### Standard Operating Procedure – Initial Intake, Assessment and Registration of VS ACT Clients

#### Purpose

This Standard Operating Procedure [SOP] outlines the procedures that are undertaken during the process of initial contact with members of the community who self refer or are referred to Victim Support ACT (VS ACT) by the police, the Office of the Director of Public Prosecutions (ODPP), or by other government and non-government organisations.

Victim Support Case Managers follow these procedures to ensure all individuals who make contact with VS ACT are treated in accordance with the *Human Rights Act 2004* and the *Victims of Crime Act 1994*, which provide governing principles that, as far as practicable and appropriate, govern the treatment of victims of crime. (Appendix One)

#### Scope

This SOP pertains to all Health Professionals including students on placement with VSACT who deliver and administer services within the Intake and Assessment Team (IAT).

#### Background

##### Role

The Intake and Assessment Team is the first point of contact within VS ACT for community members affected by crime. This first contact is usually by phone but can be conducted face to face if appropriate.

The IAT has the following roles:

1. Provision of information, referral and appropriate assistance to all callers about the services available to victims of crime within VS ACT and the ACT generally, whether they are later deemed as an eligible or an ineligible victim under the *Victims of Crime Regulations 2000*.
2. Assess the eligibility of callers to the level of service (Level One non-violent crime or Level Two – violent crime) set out in the *Victims of Crime Regulations 2000* (see VSS SOP) and other services provided by VS ACT.
3. If eligible IAT also assess the suitability of callers to access VS ACT Services.
4. Inform callers about the privacy and confidentiality of their personal information held by VS ACT to allow them to make an informed decision about registering as a VS ACT client.

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5. Collect and record information to allow for the registration of victims as clients of VS ACT and to plan for future services.
6. Prepare and send an initial letter with appropriate information about VS ACT and other services and/or provide them with appropriate information if they are assessed as ineligible for the VS ACT services.
7. Maintain a list of clients awaiting allocation to a Case Manager and participate in the allocation process (See Allocation SOP).
8. Management of clients until they are allocated to a Case Manager and those who are managed within IAT.
9. Clients agreeing to registration and only wanting court support are referred directly to the VS ACT Volunteer Coordinator

### Operation

The IAT receives and makes calls from 09:00-16:30 Monday – Friday. On Thursday mornings between 9:00am – 13:00pm staff participate in Team Meetings and professional development. During this time, messages are taken through reception.

### **Procedures**

#### **Management of Referrals**

##### **Source of referrals**

Referrals come from the following sources:

- ACT Policing via SupportLink and Victim Liaison Officers
- Office of the Director of Public Prosecutions
- Wraparound (coordinated ACT wide response for victims of sexual assault)
- Other agencies
- Self referrals by phone, email etc
- Self referral walk-ins
- Referrals through the VOCC

The IAT receives client referrals predominantly via email to the Victim Support inbox and by facsimile. All referrals sources are checked daily. Self referrals are usually taken via voicemail messages or calls that are transferred from Human Rights Commission (HRC) reception. Telephone calls will be taken at the time of the call if an IAT Case Manager is available. Referrals from other agencies should be received in writing on the agency's referral form or the VS ACT referral template. No referrals, apart from self referrals, should be accepted verbally.



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### 1. Contact policy for phone and electronic referrals

Referrals should be actioned within 5 working days of receipt (JACS Strategic Objective 5, Output 1.5 Protection of Rights). An action is defined as any action taken to directly communicate with people who are referred to VS ACT or the VOCC.

The IAT will attempt to contact all clients referred to VS ACT by phone initially. Three attempts will be made at different times of the day over a 10 working day period with no more than 2 attempts in one 5 working day period. Where appropriate voice mail messages will be left inviting the client to call VS ACT. Where appropriate an SMS will also be sent to the client providing VS ACT contact details and inviting them to call.

### 2. Client Engagement

This first point of contact provides the opportunity for IAT Case Managers to engage the caller or the person referred, in an *empathetic, constructive and reassuring way and with appropriate regard to his or her personal situation, rights and dignity (s4a -Victims of Crime Regulation)*. IAT Case Managers also provide containment, psycho-education on the impacts of trauma and ways for victims to help themselves and access appropriate services from other organisations.

- Build rapport with the client through calm, friendly and respectful engagement
- Work with the client in discussing their needs, while recognising and acknowledging the strengths they bring to the engagement process
- During face-to-face intake appointments, consider the involvement of a second care manager or the Team Leader if any presenting need has a potential safety concern (eg. client is heavily intoxicated or aggressive)

For clients who identify as Aboriginal or Torres Strait Islander IAT Case Managers should enquire if they are linked in with any Aboriginal organisations or would like contact details for these organisations and if they feel they have any additional needs that VS ACT should be aware of in relation to their care.

For clients who may identify as being from a Culturally and Linguistically Diverse background, VS ACT staff acknowledge the importance of working with the client to develop an understanding of the clients particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion and preferred language. VS ACT is able to organise interpreter services through the Telephone Interpreter Service (TIS) if this is required.

For clients who identify with gender diversity, disability and/or specific needs related to age e.g. Children and Young People / Aged, VS ACT recognise the need to develop an understanding of specific needs of these individuals and work in a collaborative manner to have their needs meet.

### 3. Safety of Clients

The safety of all callers is of paramount importance and should be the first priority for IAT Case Managers. While VS ACT is not a crisis service, some people contacted by IAT may be unsafe due to external factors such as a threat from the offender or due to the impact of the crime on their mental health causing them to participate in risky behaviors, self-harm or consider suicide.

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### **In the event of immediate risk**

If during an IAT call an immediate risk to the caller is identified the caller, if appropriate, should be asked to directly contact the appropriate emergency response such as 000, ambulance, the CAT Team, CYPS. If this is not possible the IAT worker should call the appropriate service with or without the permission of the caller.

### **In the event of non- immediate risk**

For non-immediate risk IAT Case Managers should discuss safety issues with all callers and if a safety issue exists assist the caller to develop a safety plan which may include

- Identifying the risk to the caller;
- Assisting the caller to identify the resources available to them to increase their safety;
- Where a risk of suicide is identified, create an action Plan with the caller to mitigate the risk and document this on the Risk of Suicide /Self Harm Form;
- Providing referrals to appropriate crisis services such as 000, DVCS, the CAT Team, Canberra Rape Crisis Centre, Medical professionals, SACAT, and national crisis counselling numbers;
- With the caller's agreement make follow up calls to check their welfare.

### **Safety risks in the context of extended waiting lists for VS ACT Services.**

Where long waiting times for service exist IAT Case Managers should

- provide realistic timeframe for service to clients in order to manage expectations;
- help clients plan how they will manage the wait for services and provide appropriate referrals to assist the caller during this period;
- for clients who have significant issues which may be exacerbated by the waiting period IAT should discuss the management of these clients with the Team Leader.

## **4. Walk in clients**

Some clients first approach VS ACT by attending the office or request to do the intake face to face due to language difficulties or other factors. IAT Case Managers are the first point of contact with these clients. Care needs to be exercised in relation to safety in dealing with unknown clients. IAT Case Managers should exercise caution and judgment in relation to interviewing walk-in clients alone in a counselling room. (Refer to Client Interview Room Procedure SOP).

## **5. Documentation of referrals**

All referrals are recorded on the Current Enquiries spreadsheet in the VS ACT Client Database and recorded in hard copy in the IAT folder. Both records are progressively updated as attempts are made to contact the client and with any other actions taken by IAT in relation to the referral.

If no further action is required or the referred person is unable to be contacted, the referral will be closed and the referral paperwork and other documentation filed in the Unregistered Client File for the appropriate period. The referrer will be notified of the outcome.

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In relation to callers or referrals where very serious criminal offences have occurred, for example where there has been a death, IAT should document these referrals in the usual way but should discuss the approach to these callers with the Team Leader prior to any contact being made.

## 6. Assessment of eligibility for the Victims Services Scheme

A key role of IAT Case Managers is to assess the eligibility of the referred person to services under the Victim Services Scheme as set out in the *Victims of Crime Regulation 2000*. The regulations set out the eligibility requirements for the Scheme. (See the Victim Services Scheme for Victims of Crime Policy.)

Where clients are considered not eligible for VS ACT services IAT Case Managers must offer to provide appropriate information to callers about the capacity for this decision to be reviewed and follow the procedures set out in the Notification and Review of Eligibility Decisions SOP in relation to Internally Reviewable decisions.

## 7. Assessment of suitability for the Victims Services Scheme

IAT should also assess the suitability of callers to access services through VS ACT. VS ACT applies best practice guidelines for various client groups to ensure the services provided are appropriate and the safety of the client is protected. See the best practice guidelines for dealing with

- Children and Young People
- Clients with Alcohol and other Drug dependency (to be developed).
- Victims of sexual abuse (historical and adult) (to be developed).
- Victims of crime in the workplace (to be developed).
- Victims of crime with mental health issues (to be developed).
- Victims of Domestic Violence. (to be developed).

Until these SOPs are developed IAT Case Managers should discuss issues that arise in relation to these client groups with the Team leader.

## 8. Other Services

The VOCC has additional responsibilities to victims of crime under the *Victims of Crime Act 1994*. These can include the following

- To advocate for the interests of victims
- To monitor and promote compliance with the governing principles (set out in the Act).
- Provide information and assistance to victims in the administration of justice, including assistance for clients in applying for Financial Assistance under the Victims of Crime (Financial Assistance) Act 2016.

IAT Case Managers should ask the caller for appropriate information to make an assessment of eligibility and appropriateness for these services.

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## Client Registration

If services other than information provision or referral to another agency are to be provided to the referred person they must be registered as a VS ACT client. Procedures for client registration are as follows;

### Existing clients:

1. For existing closed clients presenting with an existing or new episode who have been allocated to a Case Manager within the past 6 months, the referral will be forwarded to the previous Case Manager to be actioned.
2. Where appropriate if the previous Case Manager has capacity to undertake the interventions required, the Case Manager will reopen the file in consultation with the Team Leader at the fortnightly allocation meeting.
3. If the previous Case Manager does not have capacity to undertake the interventions required, they will discuss the referral with the Team Leader, and place them on the allocations list on the VS ACT client database.
4. If the previous Case Manager has left their position, an IAT Case Manager will action the referral.
5. For existing clients, whose file has been closed for longer than 6 months, presenting with an existing or new episode, IAT should collect details of the new episode and any updated demographic and contact information, and document updated details on the Brief Intervention Form and place on the allocations list.
6. If determined that a client is suitable for ongoing case management services through VS ACT, the client's case will be re-opened and they will be placed on an allocations list, noting previous engagement.
7. If a client's presenting issues require their case being prioritised for allocation, this will be dealt with as per steps noted above.

### New Clients

For new clients, provide information to the client about data collection and privacy and ask permission to register the client and /or the new episode. The client should be informed that VS ACT will collect and record private information and add it to an electronic data base and a hard copy file. The information will remain confidential and will not be shared with anyone outside VS ACT without the client's permission unless VS ACT believes that sharing of the information is necessary to avoid harm to the client or a third party or unless subpoenaed by a Court.

Clients are explained their rights and responsibilities in relation to:

- Confidentiality
- Consent and sharing of information
- Role of the Case Manager

Provide information about Mandatory Reporting obligations as outlined in the VS ACT 'Reporting Child Abuse and Neglect SOP' and if the client is considered to be at imminent risk of harm to self or others as outlined in the Assessment and Intervention of People Vulnerable to Suicide SOP.

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### **1. Client Registration**

Collect data to register the referred person as a VS ACT Client on the VS ACT Database which transfers the record from the Current Enquiries screen to the client database. This process generates a UI (Unique Identifier) number unique to this client. Complete the personal and demographic information on the data base and the information related to this episode of care.

### **2. Generate and complete the Initial Client Intake Form**

This Microsoft word document sets out all the information collected during the Intake and Assessment. This document should be saved in the G drive at G:\Victim Support ACT\CLIENT SERVICES\Early Intervention\Letters & Forms\year. It should be named using the following protocol, UI number/name of client/ Initial Client Intake Form (Appendix A).

### **3. Open a Hard Copy File**

Open a hard copy file with the same UI number generated by the database prepared by the Administration team and place all the referral paperwork and the Initial Client Intake Form on the hard copy file. Both hard copy and electronic must be maintained in accordance with the Health Records (Privacy and Access) Act 1997. (See Records Management SOP).

### **4. Initial Client Letter**

If agreed with the client, generate and send the initial client letter or Financial Assistance Scheme information letter from the database with the appropriate information via mail or email. Save this letter at G:\Victim Support ACT\CLIENT SERVICES\Early Intervention\Letters & Forms\year. Use the following protocol to name the file, UI number/client name (Given/Surname)/ initial client letter.

**5. Submit the paper file to the Administration team for data entry and checking.** At this stage it should include

- a. Initial Client Intake Form
- b. The referral form (if any)
- c. The Progress Notes
- d. A copy of the letter sent to the client (if any)
- e. A copy of any communication with the referrer.
- f. Any other documentation regarding the client.

### **6. Next Steps**

- g. On return from the Administration team, place the file either in the Allocation (to await allocation) or IAT Managed cabinet. Next actions can include;
- h. Allocation to Case Manager (see Client Allocation SOP);
- i. Follow-up call by IAT (IAT Managed);
- j. Direct referral to a VS ACT provider, under limited circumstances and prior approval by Team Leader.

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- k. Refer client to the Victims of Crime Commissioner where justice advocacy or the rights of the victim require further exploration.
- l. Referral to another agency (IAT Managed and close); and/or
- m. No further action (Close file).

## Evaluation

### Outcome Measures and Method

- All referrals are actioned within five days of the receipt of the referral (Output 1.5 Protection of Rights, JACS Strategic Objective 5).
- All eligible clients are registered on the electronic client database.
- All eligible clients are placed on the allocation list for case management.
- All ineligible clients are provided with written notification within 21 days of initial contact with VS ACT, providing the individual with information of how they may appeal this decision.

### Related Legislation, Policies and SOPS

Victims of Crime Act 1994

Victims of Crime (Financial Assistance) Act 1983

Victims of Crime (Financial Assistance) Act 2016

Victims of Crime Regulation 2000

Crimes Act 1900

Health Records (Privacy and Access) Act 1997

Territory Records Act 2002

Notification and Review of Eligibility Decisions SOP

Allocations and Caseload Management SOP

Reporting Child Abuse and Neglect SOP

Assessment and Intervention of People Vulnerable to Suicide SOP

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Appendix A

Intake and Assessment form (Page 1 of 4)



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



**CONFIDENTIAL**

Date of referral: .....

Date actioned: .....

Date of intake: .....

Demographic and Database Information		
Client Details	Episode: .....	VS ACT UI: .....
Title: .....	Surname: .....	Given Names: .....
Gender: .....	Date of Birth: .....	Age at referral: .....
Address: .....		
OK to send mail <input type="checkbox"/>		
Phone: home: .....	OK to leave message: <input type="checkbox"/>	
Phone: work: .....	OK to leave message: <input type="checkbox"/>	
Mobile: .....	OK to leave message: <input type="checkbox"/> OK to SMS <input type="checkbox"/>	
Email: .....		
<b>Additional Contact Details</b> <i>(associated party – parent of minors, support person caller)</i>		
Name: .....		Relationship: .....
Phone: (H): .....	(W): .....	(Mb): .....
Email: .....		
Address: .....		
<b>Cultural Background:</b>		
Country of Birth: .....	Language Spoken: .....	
Interpreter Y/N		
Identifies as: .....		
Contact with an Indigenous worker or service: .....		
<b>Alerts</b> <i>(Security, Behavioural, Environmental, etc):</i>		
.....		
.....		
.....		
.....		

INITIAL CLIENT CONTACT FORM  
VICTIM SUPPORT ACT FO 24

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Appendix A

Intake and Assessment form (Page 2 of 4)

Referred By: *Self*

Is the client aware of referral?

Referrer advised of contact with client?

Date advised:

Is the client a current or previous client of the service?

Offence: .....
Prosecution: ..... Outcome: .....
Charges Laid: .....
Charge Reference: ..... Suspect: .....
Prosecution: ..... Relationship to Client: .....
Next Court Date: ..... Next Court Stage: .....

Other details about the Incident:

Client Classification (please tick)

Primary Victim  Related Victim  (rel'p) .....

Witness  Other  .....

Surname of Victim: ..... Given Name(s): ..... Date of Birth: .....

How Offender/s Known (please tick) Name of alleged offender:

Partner  Ex Partner  Neighbour  Family Member  Not Known Other

Known - Other  (please specify)

Justice and Legal Issues

Police Report: ..... Date of Police Report: ..... Date of incident: .....

Investigating Officer (Informant): ..... Promis #: .....

City  Woden  Belconnen  Tuggeranong  Gungahlin  SACAT

Impact of Incident/s (please tick)

Psych-Emotional  Physical  Financial  Social  Other

Details of incident/s

Impact of Incident (Psycho-Emotional, Physical, Financial, Social, Other)

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Appendix A

Intake and Assessment form (Page 3 of 4)

**Justice and Legal Issues (Including family court)**

Any other ongoing justice or legal issues?

.....

Do you have any ongoing matters in the Family Court?

If yes, what is the substance of the matter?

.....

**History (victim of previous crime)**

.....

**Relevant Psycho-Social Factors/History**

.....

**Genogram**

.....

Family Details for Victim of Crime				
Surname	First Name	DOB or age	M/F	Relationship

**Safety Details (Housing, Physical Health)**

.....

**Risk of Suicide/Self Harm** **Date:**

Have you had any recent thoughts of harming yourself? (Suicidal ideation)

.....

If Not formally assessed, why not: .....

**Significant Supports and Other Services Involved**

(include extended family, child care, school, GP)

Name	Relationship	Address/Agency	Contact #	Permission





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## Appendix B

### Initial Client Letter



Date

Name

Address

Dear (name)

Thank you for taking the time to speak to me today. I was sorry to hear about the difficult time you are going through.

I enclose information about the services that Victim Support ACT (VSACT) provides and contact details for other services in the region. Enclosed (include relevant dot point and delete remainder):

- Victim of Crime Help Card
- Victim Support ACT – general information
- Clients Rights & Responsibilities
- Normal Reactions to Trauma and Severe Stress
- How Can I Help Myself?
- What is counselling?

As discussed on the phone, we have registered you as a client and will allocate you a case manager as soon as possible.

Please do not hesitate to call if you need to talk to us on (02) 6205 2066 or 1800 822 272 (free calls from a landline).

You can also contact us via email at: [victimsupport@act.gov.au](mailto:victimsupport@act.gov.au)

If you need after hours support you can call (include relevant dot point and delete remainder):

- |  |               |
|--|---------------|
| • Lifeline [24 hours]  | 13 11 14      |
| • 1 800 Respect [24 hours, sexual assault, DV & Family Violence] | 1 800 737 732 |
| • Domestic Violence Crisis Service                               | 6280 0900     |
| • Menline  | 1 300 789 978 |
| • Mental Health Crisis Assessment and Treatment Service          | 1 800 629 354 |

Yours sincerely

(Name)

Case Manager

Victim Support ACT

GPO Box 158 Canberra ACT 2601

Date Approved: December 2016

Version Number: 1.0

Review Date: December 2017

Date Effective: December 2016

Approved By: John Hinchey, Victims of Crime Commissioner

Expiry Date: December 2019



9 January 2017



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



### Appendix C

Initial Client FAS Letter - for crimes before 1 July 2016 (Page 1 of 4)



Date

Name

Address

Dear (name)

Thank you for taking the time to talk to me today. I enclose information about the services that Victim Support ACT (VSACT) provides and contact details for other services in the region. Enclosed (include relevant dot point and delete remainder):

- Victim of Crime Help Card
- Victim Support ACT – general information
- Clients Rights & Responsibilities
- Normal Reactions to Trauma and Severe Stress
- How can I help myself?
- What is counselling?
- Financial Assistance forms and information

#### Eligibility for financial assistance

To be eligible to make an application for victims of crime financial assistance, a person must have suffered a physical or mental injury and that injury must have been the result of a violent crime, which occurred in the ACT. The incident must be reported to police but it is not necessary for a person to have been charged or convicted of the offence. The application must also be submitted within 12 months of the injury being sustained though an 'out of time' application may be made.

#### Out of time applications

An 'out of time' application (form 6.2) is your application to the Magistrates Court requesting that an extension of time be granted to allow you to lodge an application. The 'out of time' application must be supported by an affidavit (form 6.11) outlining the reasons for not making an application within 12 months of the incident occurring.

#### Special Assistance

Victims who have sustained an extremely serious and permanent injury may also apply for special assistance. An extremely serious injury is an injury consisting of the loss or impairment of a bodily function, disfigurement or a mental or emotional disturbance or disorder, where the injury:

- is permanent; and
- is extremely serious and will always be extremely serious; and
- causes a great and permanent reduction in the victim's quality of life.

GPO Box 158 Canberra ACT 2601

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**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



### Appendix C

Initial Client FAS Letter - for crimes before 1 July 2016 (Page 2 of 4)



Special assistance is a financial lump sum amount in addition to the out-of-pocket expenses. An application must be supported by documents such as a police report or medical notes. Victims of sexual offences may also apply for special assistance.

#### **Litigation Guardian**

Where the primary victim is a child or a person with a disability that prevents them making their own application, a person known as the litigation guardian can make an application on their behalf.

The litigation guardian needs to complete the Consent and Undertaking to act as Litigation Guardian (form 2.11). An affidavit (form 2.10) needs to be completed by a person known to the litigation guardian who can say that the litigation guardian is an appropriate person to make the application and that they do not have a conflict of interest with the primary victim.

#### **Lodging your application**

Applications are made to the Magistrates Court. Applications need to be supported by evidence including a copy of the police report, any medical notes regarding your injury and copies of receipts. I have attached a list of documents you may need to support your application. If you would like assistance completing your application forms contact us and we can arrange to help you. To see blank application forms:

<http://www.victimsupport.act.gov.au/financial-assistance-scheme/financial-assistance-scheme-1983-31-june-2016/forms>

#### **What happens after my application is lodged?**

Once an application is lodged with the Court, a date for conference at the court will be set. You will need to attend this conference. The Court will write to you advising you of the date and time.

The ACT Government Solicitor becomes involved to assess all applications and make a recommendation to the court. An assessment by the ACT Government Solicitor includes but is not limited to consideration of issues such as:

- Whether an applicant is eligible to apply for financial assistance
- Evidence provided about the incident and any injuries
- Whether the expenses claimed are reasonable

#### **AFP report requirement**

All applications for financial assistance under the 1983 scheme require the support of a police report. You can request a report from ACT policing using the following form: [https://forms.afp.gov.au/online\\_forms/actpolicing\\_information\\_documents\\_request\\_form](https://forms.afp.gov.au/online_forms/actpolicing_information_documents_request_form)

Reports for victims of crime matters generally cost \$37.00 which can be paid online using a credit or debit card. This can be claimed back in your application.

GPO Box 158 Canberra ACT 2601

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**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



### Appendix C

Initial Client FAS Letter - for crimes before 1 July 2016 (Page 3 of 4)



**What if I can't afford to pay for the AFP report?**

If you are unable to afford to pay for a police report please complete the following steps:

1. When completing the request for your report select the type of report that you require and then click on submit the request. The request will be sent to the Information Access Team without you having to make a payment. Please note applicants who are applying to have the fee waived should state this in their request form under 'Other relevant details'.
2. Fill in a 'Financial Hardship Questionnaire' to allow ACT police to waive the fee if your financial situation meets the threshold. Please follow this link for access to the form: <https://www.police.act.gov.au/sites/default/files/PDF/financial-hardship-questionnaire%20final.pdf>
3. Email your 'Financial Hardship Questionnaire' to [act-information-access@afp.gov.au](mailto:act-information-access@afp.gov.au) or mail it to ACT Information Access, GPO Box 401, Canberra ACT 2601.

As discussed, we have registered you as a client. We can assist you to complete the paperwork once you have received the police summary report. Please contact us once you have received the police report.

If you require legal advice, you can contact Legal Aid ACT on (02) 6243 3411.

Please do not hesitate to call if you need assistance on (02) 6205 2066 or 1800 822 272 (free calls from a landline). You can also contact us via email at [victimsupport@act.gov.au](mailto:victimsupport@act.gov.au). More information is available on our website at [www.victimsupport.act.gov.au](http://www.victimsupport.act.gov.au)

If you need after hours support you can call (include relevant dot point and delete remainder):

- Lifeline [24 hours] 13 11 14
- 1 800 Respect[24 hours, sexual assault, DV & Family Violence] 1 800 737 732
- Domestic Violence Crisis Service 6280 0900
- Mensline 1 300 789 978
- Mental Health Crisis Assessment and Treatment Service 1 800 629 354

Yours sincerely

(Name)  
Case Manager  
Victim Support

GPO Box 138 Canberra ACT 2601

Date Approved: December 2016

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9 January 2017



**VICTIM SUPPORT**  
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Appendix C (Contd)

Initial Client FAS Letter - for crimes before 1 July 2016 (Page 4 of 4)



**VICTIM SUPPORT**  
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VICTIMS OF CRIME FINANCIAL ASSISTANCE APPLICATIONS

CHECKLIST

- Medical notes from doctor or hospital
- Police report – this can be obtained by completing the AFP Request for Information Documents form (attached)
- Any receipts or invoices for any expenses incurred
- Copies of payslips or tax return if you are applying for loss of wages
- Medical certificates if you are claiming loss of wages
- If you received an award for damages from another source arising from this injury, copy of any documentation relating to that award
- Where applicable any document showing moneys received under another law eg. Workers compensation award; Insurance payment; Centrelink benefit or allowance
- Where special assistance is being sought a statement from the Victims Services Scheme about the assistance obtained

GPO Box 158 Canberra ACT 2601

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**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



### Appendix D

Initial Client FAS Letter - for crimes after 1 July 2016 (Page 1 of 2)



Date

Name

Address

Dear (name)

Thank you for taking the time to talk to me today. I have enclosed information about the services that Victim Support ACT (VSACT) provides and contact details for other services in the region. As discussed, we have registered you as a client.

Enclosed (include relevant dot points and delete remainder):

- Victim of Crime Help Card
- Victim Support ACT – general information
- Clients Rights & Responsibilities
- Normal Reactions to Trauma and Severe Stress
- How can I help myself?
- What is counselling?
- Financial Assistance forms and information

#### Eligibility for financial assistance

To be eligible to make an application for victims of crime financial assistance a person must have suffered a physical or psychological injury, and that injury must have been the result of a crime which occurred in the ACT. The incident must be reported to police in most circumstances however it is not necessary for a person to have been charged or convicted of the offence.

You have three years from the date of the offence to apply for financial assistance or three years from the time you turned 18 if you were a child at the time of the offence. If you do not apply within three years you can apply to the Victims of Crime Commissioner to extend the time depending on your reason for not applying within three years.

#### Financial Assistance Available

The scheme is made up of three types of payments. They are:

- Immediate needs payments – to assist with urgent expenses that go towards preventing further harm and ensuring your safety.
- Economic loss payment – payment or reimbursement of expenses that you have incurred as a result of the crime.
- Recognition payments – a lump sum payment to recognise the harm and trauma suffered.

Different victims are eligible for different payment types. Please see our website or the attached frequently asked questions documents for further information about what you can claim.

GPO Box 158 Canberra ACT 2601

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9 January 2017



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



### Appendix D (Contd)

Initial Client FAS Letter - for crimes after 1 July 2016 (Page 2 of 2)



#### **Applying for financial assistance**

Applications are made to the Victims of Crime Commissioner and are assessed by the Financial Assistance Section. Applications need to be supported by evidence including a copy of any medical notes regarding your injury and copies of receipts or invoices. The Financial Assistance Section can assist you to collect these documents. If you would like assistance completing your application forms please contact us and we can arrange to help you. To access the application forms go to:

<http://www.victimsupport.act.gov.au/financial-assistance-scheme/new-financial-assistance-scheme-1-july-2016>

#### **What happens after I submit my application?**

Once you have applied, you will receive written confirmation that the Financial Assistance Section has received your application. The person assessing your application will phone you within two weeks to discuss the assessment process and what additional documentation you may need to provide.

An assessment by staff from the Financial Assistance Section includes, but is not limited to, consideration of issues such as:

- Whether an applicant is eligible to apply for financial assistance
- Whether the expenses claimed are reasonable

Please do not hesitate to call if you need assistance on (02) 6205 2066 or 1800 822 272 (free call from a landline). You can also contact us via email at [victimsupport@act.gov.au](mailto:victimsupport@act.gov.au). More information is available on our website at [www.victimsupport.act.gov.au](http://www.victimsupport.act.gov.au)

If you need after hours support you can call (include relevant dot points and delete remainder):

- |  |               |
|--|---------------|
| ▪ Lifeline [24 hours]  | 13 11 14      |
| ▪ 1 800 Respect [24 hours, sexual assault, DV & Family Violence] | 1 800 737 732 |
| ▪ Domestic Violence Crisis Service                               | 6280 0900     |
| ▪ Mensline   | 1 300 789 978 |
| ▪ Mental Health Crisis Assessment and Treatment Service          | 1 800 629 354 |

Yours sincerely

(Name)

Case Manager  
Victim Support ACT

GPO Box 158 Canberra ACT 2601

Date Approved: December 2016  
Version Number: 1.0  
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Date Effective: December 2016  
Approved By: John Hinchey, Victims of Crime Commissioner  
Expiry Date: December 2019

### Client Services Intake Form

Date of referral:

Date actioned:

Date of intake:

#### Information to communicate

Privacy and confidentiality: Mandated reporting requirements: Charter of Victim's Rights Client consented to registration: 

#### Type of Support

Counselling Case Management Court Support FAS Advocacy Rights and Reform Gender Preference of Worker: Female  Male  None 

#### Client Details

Title:	Given Name:	Surname:
Date of Birth		
Gender Identity		

#### Contact Details

Home Phone:		OK to leave message: <input type="checkbox"/>
Work Phone:		OK to leave message: <input type="checkbox"/>
Mobile:		OK to leave message: <input type="checkbox"/> OK to SMS <input type="checkbox"/>
Email:		
Address:		
Ok to send mail		

#### Diversity Questions



Aboriginal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth:	Language spoken at home:
Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Reasonable Adjustment Questions <input type="checkbox"/> See Assessment Tool at end of document	

Would like contact from Aboriginal Unit

Would like contact from Cultural Liaison Officer

<b>Additional Contact (<i>Parent of minors, Support Person, Guardian</i>)</b>
---

Name:	Relationship:
Phone:	
Email:	
Address:	

<b>Incident Details</b>	
-------------------------	--

Date of Incident:	Did incident occur in the ACT: Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------	---

### Type of Crime

Assault <input type="checkbox"/>	Threat to Kill <input type="checkbox"/>	Criminal Damage
Assault (DFV) <input type="checkbox"/>	Murder <input type="checkbox"/>	Stalking (incl cyber/electronic) <input type="checkbox"/>
Sexual Assault <input type="checkbox"/>	Attempted Murder <input type="checkbox"/>	*Harassment (cyber) <input type="checkbox"/>
Armed Robbery <input type="checkbox"/>	Unlawful Confinement <input type="checkbox"/>	Other <input type="checkbox"/>
Breached Order <input type="checkbox"/>	Burglary <input type="checkbox"/>	
Demands with Threats <input type="checkbox"/>	Robbery <input type="checkbox"/>	

*\*Harassment does not constitute an offence in the ACT. Eligibility may be limited. Cyber harassment is an offence under Commonwealth Code.*

### Details about the Incident:

--



**Impacts of Incident:**

Physical <input type="checkbox"/>	Psychosocial/emotional <input type="checkbox"/>
Financial <input type="checkbox"/>	Social <input type="checkbox"/>
Other <input type="checkbox"/>	

**Offender details:**

Name:	
Partner <input type="checkbox"/>	Ex-Partner <input type="checkbox"/>
Neighbour <input type="checkbox"/>	Family member <input type="checkbox"/>
Not known other <input type="checkbox"/>	Known other <input type="checkbox"/>

**Justice and Legal Issues:**

Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Report:
Investigating Officer: PROMIS (if known)	
Station:	

Is the matter before the Court? Yes  No

What stage is court at and are there any relevant dates?

Any other justice or legal issues (including family court)? Yes  No

Further information about justice or legal issues (including family court or current/past criminal matters)?

--

**Children involved?** Yes  No

--

**Safety Details** (*Planning, FVO, Housing, Health*):

--

**Mental Health**

--

**Thoughts of Suicide or self-harm?** (Historic/recent/current)

 Yes  (*complete 'suicide safety assessment August 2021' – separate form*) No 

--

**Support Network** (*formal and informal*)

Family <input type="checkbox"/>	Friends <input type="checkbox"/>	Partner <input type="checkbox"/>
GP <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Other <input type="checkbox"/>
Details:		

**Counselling Preferences / Goals**

Gender:	Location:
Timing:	Therapeutic approach:
Goals:	

**Additional Information**

--

<b>Agreed Actions</b>

### **Crisis Contact Details**

Lifeline - 131 114

Access Mental Health – 1800 224 636

Domestic Violence Crisis Service – 6280 0900

Canberra Rape Crisis Service – 6247 2525

1800RESPECT – 1800 737 732

Beyond Blue – 1300 224 636

Suicide Call Back Service – 1300 659 467

### **Needs Identification Tool – Reasonable Adjustments**

Questions	Yes/No	Adjustment
Do you have difficulty seeing?		
Do you have difficulty hearing?		
Do you have difficulty walking or climbing stairs?		
Do you have difficulty remembering or concentrating?		
Do you understand what people say to you?		
Do you have difficulty reading or writing?		

### **Reasonable Adjustments**

#### **Vision**

Built environment

- Ensure appropriate lighting.
- Making meetings in places the person is familiar with whenever possible.



## Information and Documentation

- Check if the person uses or requires glasses.
- Check if the person needs assistance with reading and understanding forms or written information.
- Provide information in alternative formats – for example large print format, high contrast printing, a video or pod cast recorded on the subject available at the time explaining rights or purpose of paperwork.
- Consider referral for further assessment.

## **Hearing**

### Built environment

- Choose a location with good acoustics and minimal background noise whenever possible.
- Offer the use of technology, such as a hearing loop, if there is one available.
- Offer pen and paper for writing down communications.
- Consider use of vibrating or visual alarms where required.

### Information and Documentation

- Face the person when you speak and make sure they can clearly see you.
- Explore alternative formats to deliver information other than orally.
- Consider using the National Relay Service (NRS) for phone calls.
- Engage Auslan interpreter where required.
- Allow additional time for appointments.
- Consider referral for further assessment.

## **Mobility**

### Built environment

- Consider accommodation, for example bed height, supports in shower, toilet, bathroom.
- Check if the person requires specific seating - such a higher chair or armrests.
- Minimise the amount of time the person is required to sit, walk, or stand at any one time.

### Information and Documentation

- Be aware that mobility difficulties can impact balance and the ability to carry items.

## **Memory/Concentration**

### Built environment

- Choose meeting locations where there is minimal background noise and distractions



### Information and Documentation

- Ask one question at a time.
- Give people time to process information and respond.
- Provide clear step by step written or pictorial instructions.
- Repeat information.
- Use a variety of formats to convey information.
- Consider using lists, prompts, schedules and reminders.
- Follow up decisions and agreements in writing.
- Check if the person needs assistance with forms or written information.
- Make appointments predictable and consist.
- Include rest breaks throughout activities.
- Allow additional time for appointments to accommodate for rest breaks.
- Provide information in small chunks.
- Provide clear step by step written or pictorial instructions.
- Consider referral for further assessment.

### Communication

#### Built environment

- Choose meeting locations where there is minimal background noise and distractions.

#### Information and Documentation

- Give people time to process information and respond.
- Offer pen and paper for writing down communications.
- Consider using the National Relay Service (NRS) for phone calls.
- Check if the person needs assistance with reading and understanding forms or written information.
- Consider use of intermediary program where appropriate.
- Ask if there is a preferred support person that can assist during a meeting or when information is being requested or provided.



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



## Victim Support ACT

### Standard Operating Procedure - Exceptional Cases

#### Purpose

This Standard Operating Procedure (SOP) outlines the processes used by Victim Support ACT (VS ACT) to review and determine approval of requests for additional client contact hours on completion of Level 3 service. The *Victims of Crime Regulations 2000* contains a mechanism which can be used in exceptional cases so that victims who are about to achieve their rehabilitation goals when their level 3 hours finish can receive the additional services required to achieve the goals. This mechanism recognises that in such cases it makes sense to spend a little more time and money to achieve the rehabilitation goals rather than leaving the victim just short of reaching those goals. Under the mechanism, the Case Manager can recommend that additional contact hours be provided if;

- It is considered that the client will derive substantial therapeutic benefit from these hours, and
- Services cannot be provided other than through the Victims Services Scheme.

The Victims of Crime Commissioner or delegate must consider the recommendation made by the Case Manager for these additional hours and make a decision to carry out the recommendation, or a variation of it.

#### Scope

This SOP applies to all Victim Support ACT Case Managers and clients of the Victims Services Scheme and Panel Service Providers when additional contact hours known as, exceptional cases, are requested upon conclusion of Level 3 hours.

#### Background

1. Exceptional Cases approval may respond to certain circumstances affecting an existing client including:
  - Extent and complexity of harm suffered;
  - Further instances of trauma/victimisation;
  - Court proceedings;
  - Unexpected personal circumstances; and/or
  - Problems with client engaging in initial contact.
2. Exceptional Cases should usually be seen as providing a process of transition that:
  - Reinforces the client's personal strengths;
  - Reinforces the client's personal and social networks;
  - Strengthens their attachment to the community;
  - Has a specific and substantial therapeutic purpose;
  - Assists for a particular set of time-limited circumstances; and/or
  - Will effectively conclude intervention with the client.

## Procedure

1. If the Panel Service Provider or client requests additional hours under Exceptional Cases, a specific written report prepared by the Panel Service Provider detailing the rationale for the request **MUST** be sent to the Case Manager. The Panel Service Provider should use Form F011 *Request for Additional Circumstances Approval* (see Appendix A). On receipt of the request, the Panel Service Provider and the client shall be advised within **five working days** of the outcome.
2. The report should outline:
  - interventions to date;
  - provider's assessment of progress toward attainment of rehabilitation goals;
  - rationale as to how the additional hours would help to conclude therapeutic intervention with the client;
  - plans for case finalisation and referral to other agencies / services for ongoing support; and
  - any other relevant information requested.
3. The Case Manager will discuss the request with the Panel Service Provider and the client to clarify the request for additional hours. A transitional care plan will be developed, which is a review of the Recovery Care Plan, which has identified the client centred goals in Service Level 2 and Service Level 3. The transitional care plan will identify the specific goals and interventions to be used, to support further attainment of these goals in the additional hours requested. The transitional care plan, which in effect is also an exit plan, to outline how the client will be linked into other mainstream or specialist services as necessary at the conclusion of these additional hours.
5. The Case Manager is to make a written recommendation to the Team Leader, as the Commissioner's delegate that—
  - (a) on information available, further contact hours in addition to Level 3 service contact hours would give substantial therapeutic benefit to the victim; and
  - (b) it is impossible or impractical to provide the further contact hours under a scheme or program other than the victims services scheme.
6. Exceptional circumstances consist of no more than 6 contact hours.
7. The Case Manager shall consult with the VS ACT Team Leader regarding the application and the reasons for supporting the request and the Team Leader will, as the Commissioner's delegate, make a decision to carry out the recommendation, or a variation of it. The Team Leader will complete the form FO 12 *Approval of Exceptional Circumstances Services* (Appendix B) as a record of the decision making process.
8. Should the VS ACT Team Leader not approve the recommendation, a meeting with the Case Manager, Team Leader, Director and Victims of Crime Commissioner will be scheduled within **3 working days** to determine an outcome.
9. If the authorisation is approved, the Case Manager confirms approval of exceptional case service hours in writing to the client and service provider. The Panel Service Provider shall also be advised that no further contact hours will be approved at the conclusion of the additional hours..
10. **A Case Manager may also request additional hours under exceptional circumstances for in-house services. The procedure for approval is the same.**
11. When exceptional case hours have been approved, the Panel Service Provider should contact the Case Manager *immediately* if a client fails to attend an appointment so that contact can be made in a timely

manner to ascertain if there are any difficulties. As with other levels of service the "first did not attend" (DNA) under exceptional cases the appointment will be paid for at the missed appointment rate (i.e. ¾ hour) –

755  
WIT 0057 0003 0003\_0755

### **Client file closure<sup>2</sup>**

1. Once a Closure Form is prepared or received, and providing there is no continuing justice advocacy involvement, the file will be closed.
2. The Case Manager will arrange a time to either meet with or contact the client to discuss the achievement of their recovery care plan goals and provide them with a survey to complete to provide an evaluation of the services received.
3. For clients who do not choose to meet with their Case Manager to discuss closure and there has been no contact after three months, a letter is sent to the client letting them know that their file is closed but will remain onsite for 2 years and that they may call Victim Support ACT again as needed. (NB if client has requested no correspondence, simply follow case closure procedure).
4. Case Manager stamps the client service audit sheet with file closed stamp, including date and initials.
5. After 2 years of no contact, files are archived off-site.

---

<sup>1</sup> As stipulated in the Approved Service Provider agreement

<sup>2</sup> As per Case Management SOP



**Evaluation****Outcome Measures and Methods**

- A register is maintained of all Exceptional Cases that have been recommended. The register will contain information regarding approval and those that have not been approved and the arbitration process which has occurred.
- File audits will be conducted biannually to:
  - Monitor and evaluate whether transitional care plans have been completed for those clients receiving exceptional case hours;
  - Monitor and track client closure meetings and the number of client surveys offered, and track the number of completed surveys; and
  - Monitor case closure processes.

**Standards**

Code of Ethics, Australian Association of Social Workers

Code of Ethics and Practice of the Association for Counsellors in Australia

Code of Ethics, Australian Psychological Society

Public Sector Management ACT

Public Sector Management Standards

Public Service Code of Conduct

Public Service Code of Ethics

**Policies and Legislation**

- Victims of Crime (Financial Assistance) Act 1983
- Victims of Crime (Financial Assistance) Act 2016
- Victims of Crime Act 1994
- Victims of Crime Regulations 2000

**Definition of Terms**

<b>Term</b>	<b>Definition</b>
Exceptional Cases	Further contact hours in addition to level 3 service contact hours may be applied for by the case coordinator, if on the information available, these hours would give substantial therapeutic benefit to the victim; and the further contact hours cannot be provided under a scheme or program other than the Victims Services Scheme. Up to 4 additional contact hours may be approved.
Care Plan	Documents the intervention negotiated with the client and states -  (a) the rehabilitation goals for the eligible victim; and  (b) the number of contact hours and particular services to be provided to the victim for achieving those goals.  All services are provided in accordance with the Care Plan.

Case Manager	The Case Coordinators are responsible for managing the delivery of services to eligible victims under the Victims Services Scheme. The case coordinators develop a care plan in consultation with the eligible victim. In addition they assist clients with justice advocacy.
Closure Form	Is submitted <ul style="list-style-type: none"> <li>▪ at the conclusion of approved contact hours at either Level 2 or Level 3; or Exceptional Cases; or</li> <li>▪ it has not been possible to make contact with the client for 6 months, and</li> <li>▪ Must include particulars of the number of contact hours and the extent to which the rehabilitation goals of the care plan were achieved.</li> </ul>
Contact hours	These are the hours allocated for each level of service provision through the Victims Services Scheme under the <i>Victims of Crime Regulations 2000</i>
Justice Advocacy	The primary focus of justice advocacy is to assist clients with their rights and entitlements in law and their engagements with justice in achieving these. Justice advocacy is not prescribed by Levels of Service as per the Victims of Crime Regulations. Justice advocacy may form part of a response to the client under the statutory functions of the Victims of Crime Commissioner.
Panel Service Providers	<ul style="list-style-type: none"> <li>▪ <b>Approved Panel Service Provider</b> means a person approved as a Service Provider [under section 40 of the Victims of Crime Regulations 2000] by the Victims of Crime Commissioner who has the power to approve service providers.</li> <li>▪ Contact hours for an eligible victim who lives in the ACT must be provided by the responsible service agency [VS ACT] or an approved service provider.</li> </ul> <p>Contact hours for an eligible victim who lives outside the ACT may, with the written approval of the responsible service agency, be provided by a person that is not an approved Service Provider – known as an <b>Authorised Exception Provider</b>.</p>



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



Appendix A

Form F011 Request for Additional Circumstances Approval

**REQUEST FOR EXCEPTIONAL CIRCUMSTANCES APPROVAL**

[If insufficient space please attach additional pages in support of this request]

**Client Name:** .....

**I) INTERVENTIONS TO DATE:**

**II) ISSUES IMPACTING ON ATTAINMENT/VARIATION OF AGREED GOALS:**

iii) NUMBER OF ADDITIONAL HOURS REQUESTED (up to a maximum of 6 hours):

iv) INTERVENTIONS PLANNED IF ADDITIONAL HOURS APPROVED:

v) PLANS FOR CASE FINALISTION AND/OR REFERRAL TO COMMUNITY AND/OR SPECIALIST

AGENCIES:

**PROVIDER SIGNATURE: DATE:** \_\_\_\_\_



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY



## APPENDIX B

### APPROVAL OF EXCEPTIONAL CIRCUMSTANCE SERVICES

*For clients of Victim Support ACT who are eligible under section 36 of the Victims of Crime Regulations 2000 for further Exceptional Case contact hours/services*

Client Details	
Client UI:	
Date of Initial Contact:	Date of Receipt of EC Request:
Name of Provider:	
Case Manager	
CM Name:	
Completion of Level 3 Contact Hours/Services	<input type="checkbox"/> Yes
Substantial therapeutic Benefit	<input type="checkbox"/> Yes
Attachments	
<input type="checkbox"/>	Copy of Minute to VS ACT Team Leader
<input type="checkbox"/>	Copy of Draft Transitional Care Plan
Case Manager to Sign	
I confirm that the client is eligible for Exceptional Case approval as per section 36 of the <i>Victims of Crime Regulations 2000</i> .	
Name:	
Phone:	Email:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Signed:	Dated:
Approving Officer (VS ACT Team Leader)	
Name:	
Phone:	Email:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

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20 January 2017 – Draft One

DRAFT

Date Approved: September 2016  
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Date Effective: September 2016  
Approved By: John Hinchey, Victims of Crime Commissioner  
Expiry Date: September 2019

## Suicide Safety Assessment

*The goal of this assessment is to identify if the client is at imminent risk of suicide. A Case Coordinator should also seek to identify any ongoing concerns around suicide safety, with a view to referring the client for ongoing support in relation to these risks. This form can be used at intake or another time if a client identifies thoughts of suicide or self-harm.*

### **Consent gained to share assessment with provider:**

Yes  No

### **Reason for assessment:**

### **Part A: Current thoughts, planning, and access to means**

#### **Are you currently having thoughts of suicide or self-harm?**

Yes  No

#### **IF YES ASK THESE QUESTIONS:**

##### ***Thoughts of suicide:***

*How often do you have these thoughts?*

*When did the thoughts begin?*

*How persistent are they?*

*What has stopped you acting on these thoughts so far?*

*Do you feel able to manage these thoughts or to keep yourself safe?*

##### ***Plans and access to means:***

*Do you have a plan for how you would kill yourself?*

*Do you have access to the means? (consider lethality of means e.g. gun or irreversible action such as jumping)*

*Do you have a timeframe? At what point would you decide to end your life?*

*Is there a situation in which you act on your thoughts?*

##### ***Self-harm*** – ask these questions if the client says yes to self-harm:

*Have you harmed yourself intentionally before?*

*What did you do?*

*Have you done that more than once?*

*Did you need medical assistance for any of your injuries?*

*Were you trying to end your life when you did that?*

*How frequently do you hurt yourself?*

#### **Imminent suicide risk identified:**

Yes  No

#### **Does the author need to take immediate action and contact Access Mental Health (02 6205 1065) or 000?**

**Summary of Vulnerabilities:**

Take from intake re details of crime and impact, mental health:

Things to consider:

Presenting crime, stress from criminal justice processes, Unemployment or financial distress, Drug or alcohol use, Lack of social connections, Willingness to engage in long-term support e.g. counselling, medication etc, Is the client hopeful their situation might change? Mental health diagnoses?

Previous (particularly recent last three months) suicide attempts or recent discharge from an inpatient mental health facility indicate increased future risk – consider lethality of past attempts

**Strengths, Supports and Management Plan:**

Crisis numbers provided to client (sent in email or text) Agreed actions for follow up

**Strengths identified** (these may have come up throughout the conversation and can include faith or religion)

**Supports identified**

**Examples of interventions / management**

Discussed crisis lines? Yes  No

Counselling referral? Yes  No

Additional referral to GP; other service? Yes  No  Who?

Agreed to talk to trusted person? Yes  No  who?

**Consultation/Review:**

To be reviewed by TL or senior staff member, share with provider

**Part B: Additional in-depth assessment considerations and questions**

*You may complete these sections if your conversation about current thoughts, planning and access to means indicates that the client is actively suicidal, and more information is needed. This additional information will contribute to a more in-depth understanding of the clients' emotional or mental state. You may also complete this if you anticipate providing frequent intensive case management support to the client.*

**Things to consider:**

*Previous (particularly recent last three months) suicide attempts or recent discharge from an inpatient mental health facility indicate increased future risk – consider lethality of past attempts  
the presence of hopelessness\* escalates the level of suicide risk  
other personal risk factors include: recent interpersonal crisis; major losses or anniversaries of losses; alcohol intoxication; withdrawal from drugs; unemployment or financial distress; impending child custody or other legal issues; cultural or religious conflicts; social isolation; unwillingness to accept help.*

*People who self-harm are more likely to attempt suicide – and recent self-harm may indicate increased hopelessness.*

*\*also be alert to high levels of despair, agitation, shame, anger, guilt or psychosis*

**Questions you might want to ask to identify hopelessness:**

*Can you imagine the situation getting better?*

*Do you believe it will get better?*

*How confident are you that it will get better?*

**In terms of your emotional world today:**

*On a scale of 1-10, with 10 being extreme and 1 being none:*

*How would you rate your experience of psychological pain?*

*How would you rate feelings of hopelessness?*

*How would you rate feelings of isolation?*

*How would you rate feelings of hurt?*

*How would you rate feelings of misery?*

*How would you rate feelings of anguish?*

**Crisis Contact Details**

Lifeline - 131 114

Access Mental Health – 1800 224 636

Domestic Violence Crisis Service – 6280 0900

Canberra Rape Crisis Service – 6247 2525

1800RESPECT – 1800 737 732

Beyond Blue – 1300 224 636

Suicide Call Back Service – 1300 659 467



<b>IDENTIFYING SUICIDE VULNERABILITY</b>			
<i>This framework is intended to assist the exploration of immediate and ongoing factors that may affect a person's vulnerability to self harm and suicide. Please note this form is not intended to be a checklist but rather it provides examples of known vulnerability factors to consider and to help inform a plan for intervention and management.</i>			
<b>Issue</b>	<b>VULNERABILITY</b>		
<b>Mental State</b> Hopelessness, despair Agitation Severe depression or anxiety Psychotic illness Shame Impulsivity Psychological pain Recent discharge from hospital Perceived burdensomeness	<b>Examples:</b> Severe depression Psychosis including paranoia, command hallucinations or delusions about dying Preoccupied with hopelessness, despair, feelings of worthlessness Severe anger, hostility Perceive self as a burden	<b>Examples:</b> Moderate depression Some sadness Symptoms of psychosis Some feelings of hopelessness Moderate anger, hostility anxiety Perfectionism	<b>Examples:</b> Nil or mild depression, sadness No psychotic symptoms Feels hopeful about the future None/mild anger, hostility
<b>Suicide attempt or suicidal thoughts</b> Previous suicide attempt/s Lethality Intentionality Access to means Preparations Acquired fearlessness of death Reasons for living	<b>Examples:</b> Easy access to potentially fatal means (firearms, medications) Evidence of clear intentions An attempt with high lethality (ever) or multiple attempts of low lethality Rehearsal of plan (cognitive and behavioural) Prepared note, finalising of personal affairs	<b>Examples:</b> Frequent or specific suicidal thoughts Suicidal threats Minimal planning or intent Para suicidal behaviour Self harm behaviour Minimal access to potentially fatal means	<b>Examples:</b> Nil or vague suicidal thoughts No previous self harm or suicidal behaviour No suicidal planning or intent No access to means
<b>Substance Use</b> Current misuse of alcohol or other drugs	<b>Examples:</b> Frequent misuse of alcohol or other drugs Currently Intoxicated	<b>Examples:</b> Potential intoxication, occasional substance misuse/ some dependence Potential for relapse	<b>Examples:</b> Nil or infrequent use of substances
<b>Corroborative History</b> Family, carers Medical records Other service providers/ sources	<b>Examples:</b> Inability to access information/ verify information Conflicting account of events to that of the person at risk.	<b>Examples:</b> Access to some information Some doubts as to plausibility of the person's account of events	<b>Examples:</b> Ability to access information/ verify information and account of events of person at risk (logic, plausibility).
<b>Strengths and Supports</b> Family warmth and support Sense of belonging and identity Sense of support from health professionals Effective coping and problem-solving skills Reasons for living (beliefs, interdependence) Self Confidence Resilience	<b>Examples:</b> Person is refusing help Lack of supportive relationships/ hostile relationships Others not available or unwilling/ unable to help. No identifiable reasons for living Limited skills to regulate emotions Limited distress tolerance	<b>Examples:</b> Person is ambivalent about treatment Moderate connectedness Few relationships Others available but unwilling/ unable to help consistently Some reasons for living Some coping skills or using skills inconsistently	<b>Examples:</b> Person is accepting help Therapeutic alliance forming Highly connected / good relationships and supports Others are willing and able to help consistently Many reasons for living Good coping skills High level of resilience
<b>Other issues</b> Physical illness/Pain Psychosocial stressors Developmental/age related vulnerabilities Cultural vulnerabilities Exposure to trauma & displacement Custodial Issues	<b>Examples:</b> Chronic pain/illness Terminal/deteriorating illness Unemployment/employment difficulties Financial/Legal difficulties Incarceration Increased incidence of accident/ injury	Loss and grief Socially Isolated Relationship breakdown Aboriginal & Torres Strait Islander Person of diverse sex, sexuality and gender identity Risk Taking behaviour	
<b>Reflective practice -Have you considered the following in your assessment:</b> <ul style="list-style-type: none"> <li>• The level of rapport/engagement with the person?</li> <li>• The changeability of vulnerabilities in the person?</li> <li>• The quality of your assessment and your confidence in its accuracy?</li> </ul>			

*Adapted from Framework for Suicide Risk Assessment and Management for NSW Health Staff, NSW Health (2004)*

# Current approaches to preventing and responding to sexual assault: A Rapid Evidence Assessment

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Prepared by: Australian Institute of Family Studies

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## Introduction

### *Purpose of review*

This review examines the Australian and international literature around sexual violence prevention, education, crisis and long-term support, policing and legislative responses, and training and capacity building. We undertook a systematic rapid evidence review of the relevant literature to identify innovation and best practice in four key domains:

1. Prevention and education strategies to change the attitudes and behaviours that lead to sexual assault and other forms of violence against women;
2. Crisis as well as long-term medical, psycho-social, cultural, therapeutic and healing support for victims/survivors;
3. Policing responses to both victims and perpetrators, legislation and effective interventions for perpetrators;
4. Trauma-informed training, development and capacity-building models to enable services to deliver sustainable and appropriate support.

The review aimed to understand “what works” in these four areas and to provide critical insights and policy learning for possible application within the NSW context.

### *Current context*

Sexual violence against both children and adults affects a large number of Australians (Australian Institute of Criminology [AIC], 2015; Tarczon & Quadara, 2012). Although a crime that primarily affects women and girls, boys and men are comprise a large minority of victim/survivors (Tarczon & Quadara, 2012). Victimization in either childhood, adulthood or both can lead to a range of negative impacts (psychological, emotional, physical and sexual) that the individual can experience over their life-course, such as post-traumatic stress disorder, alcohol and other drug dependency, relationship breakdowns, chronic physical ailments, and ongoing anxiety, amongst many other conditions (Cashmore & Shackel, 2013). Female victim/survivors of child sexual abuse (CSA) may have different therapeutic and non-therapeutic treatment needs than males (Alaggia & Millington, 2008; Boyd, 2011; Burke Drauker, 1999; Price-Robertson, 2012), and victim/survivors of CSA may have different treatment and support needs to adult (female and male) victim/survivors of adult sexual assault and violence (Burke Drauker, 1999; Morrison, 2007).

The recognition of the ongoing effects of sexual violence on the individual has resulted in increased research focus on the types of crisis and long-term support that victim/survivors receive (Decker & Naugle 2009; Harvey & Taylor, 2010), examining whether legislative and criminal justice responses are appropriate (Pearce, 2014), observing how sexual assault service, police, and medical personnel can respond to sexual assault disclosure suitably to prevent re-victimising the victim/survivor (McElvaney, 2015), and focusing on how sexual violence can be prevented from occurring (Finkelhor, 2009; Ogloff & Cutajar, 2014). Researchers also recognise that services require individualisation for victim/survivors from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities (Allimant & Ostapiej-Piatkowski, 2011; NSW Ombudsman, 2012).

In sum, over the last 10-15 years, studies across a range of disciplines and populations have increasingly cohered to demonstrate that that sexual victimisation (such as child sexual abuse and sexual assault) is prevalent, results in significant collective harm to individuals, families, and the community and that far from being an intractable social fact, there are a range of risk factors that can be modified to prevent sexual violence from occurring in the first place (WHO, 2002; VicHealth

2007). Against this backdrop, there is an increased motivation to develop, implement, evaluate and monitor strategies that result in sustainable, whole of population change to prevent violence *before it occurs*.

## Method

This rapid evidence review accessed peer-reviewed articles, books, grey literature and policy documents that were identified as being relevant and within the agreed upon parameters of the search, namely:

- the search was limited for resources published between 2005 and 2016
- literature from Australia was prioritised, however literature from the US, UK, Canada, Ireland and New Zealand was also sought out;
- literature that presented a meta-analysis was prioritised;
- the literature dealt exclusively with sexual violence and/or CSA, and
- literature that was evaluations of or presented programs identified as being “best practice” in the field of sexual assault and CSA.

An EndNote library was created in which the references of the relevant literature were included. Over 100 documents were identified, accessed and compiled into this reference library. This library includes grey literature (for example, evaluations of educational programs funded by government departments), and theses references. The number may appear low but that was due to strict adherence to the search parameters, especially the last point of seeking out documents that present “best practice” programs with regards to sexual violence and CSA prevention.

Documents that were not included into the EndNote reference library included the evaluations of programs or discussion of research concerned with domestic and family violence. Although CSA is predominantly perpetrated by individuals known to the child, especially family members (Tarczon & Quadara, 2012; Quadara et al., 2015), and individuals who are suffering domestic and family violence may also experience sexual assault from their partner, the literature about these programs and services were often unclear about to what extent CSA and sexual violence are dealt with or in what manner. Due to the dynamics and risk factors for CSA and sexual violence, while there is an overlap between sexual crimes against adults and children and domestic violence, researchers often differentiate between domestic violence and sexual crimes, even if those crimes have been committed by family members (Cox, 2015). Research indicates that interventions for sexual crimes against adults and children, and risk factors for victimisation and perpetration differ to domestic violence interventions and risk factors (Cox, 2015). Therefore, attention was focused on evaluations, reports and research literature that dealt exclusively with sexual violence against children and adults.

An initial list of search strings based on appropriate key words was drawn up. The initial list included 40 search strings such as “best practice AND education AND sexual assault”, “services AND training AND child sexual abuse”, and “trauma-informed AND training AND sexual assault AND services”. Search strings and key words were modified as necessary. For instance, the term “best practice” would often return results in grey literature but not in peer-reviewed research literature, however the key word “effective” or “evidence” would return results in peer-reviewed literature but not in grey literature. The main keywords initially used to build the search strings were:

“best practice”, “education”, “prevention”, “sexual assault”, “sexual violence”, “child sexual abuse”, “policy”, “victim”, “response”, “policing”, “services”, “training” and “meta-analysis”.

Numerous databases were searched for relevant peer-reviewed articles including EBSCO Social Science database, ProQuest, InformIT, and PubMed. Grey literature, policy documents, and the names of services and programs were sourced via Google and Google Scholar searches using the search strings and key words.



## Terminology

The terminology employed in this review attempts to be inclusive of the various ways in which individuals may experience child sexual abuse and sexual violence victimisation in adulthood. It has been previously noted that there is no one clear definition for either child sexual abuse or sexual violence (Quadara, Nagy, Higgins, & Siegel, 2015). Broader definitions of both CSA and sexual violence have been utilised in this review as government policy documents, sexual assault service, and research reports all tend to vary in their definitions with various limitations on their definitions of either crime.

### Child Sexual Abuse

Definitions of child sexual abuse are often conservative and narrow due to the reliance on legal definitions of sexual abuse against children. This also results in fragmented definitions as within Australia there are no uniform laws or legal definitions of sexual abuse of minors, and while all Australian jurisdictions recognise individuals under the age of 18 years as children, child sexual abuse does not automatically equate to the sexual abuse of those aged under the 18 years. For instance, in Victoria child sexual abuse can only be perpetrated against those under the age of 16 years, whereas in New South Wales child sexual abuse can be perpetrated against those under the age of 18 years.

The use of research literature alone (primarily those appearing in peer-reviewed academic publications) to define CSA in a review of this kind raises concerns due to the limitations used in academic literature to define sexual abuse. These definitions often do not include certain behaviours as sexual abuse or exploitation (for example, non-contact, online sexual abuse or grooming), or define perpetration as only possible from adults, specifically individuals aged at least 18 years old or above (thereby excluding sexual abuse perpetrated by adolescents).

The definition of child sexual abuse that is broad in defining potential victims, perpetrators and sexually abusive acts is based on the public health model used by the World Health Organization (WHO). WHO (1999) defines child sexual abuse as:

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or any unlawful sexual activity;
- the exploitative use of a child in a pornographic performance and materials. (p. 62)

As part of this research, the WHO definition of CSA was used when searching for literature due to its broad nature.

### Sexual Assault and Violence

As with child sexual abuse, the definitions of sexual assault and sexual violence are fragmented. However, sexual violence is generally accepted as a broad term that includes all manner of unwanted and coerced sexual contact and behaviour, with sexual assault an act incorporated under this broad term that is also often referred to as rape. Within Australia, several jurisdictions refer to penetrative sexual offences as rape (Victoria, Queensland, South Australia and Tasmania), or sexual assault (New South Wales), sexual intercourse without consent (ACT and Northern Territory), or sexual penetration

without consent (Western Australia) (Australian Law Reform Commission [ALRC], 2010). Non-penetrative sexual acts without consent can be referred to as indecent assault (NSW, Victoria). Differences in how penetration, consent, and aggravating factors are defined means that there is no one legal definition in Australia about what constitutes as sexual assault or sexual violence. The *National Plan to Reduce Violence Against Women and Their Children 2010–2022* defines sexual assault and violence to include ‘rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with the friends of the perpetrator’ (Council of Australian Governments [COAG], 2011, p. 2).

As with CSA, sexual assault and violence are not clearly defined terms in academic research either, and often are narrowed down to the focus of the research paper. Therefore this review used the definition of sexual violence from the Center for Disease Control and Prevention (CDCP). The CDCP defines sexual violence

A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim engage in sexual acts with a third party. (Basile, Smith, Breiding, Black & Mahendra, 2014, p. 11)

In this rapid evidence review “rape” and “sexual assault” are used interchangeably to describe any forced or unwanted sexual contact including penetration, fondling or molestation of an individual. The term “sexual violence” is used in this review to describe any unwanted sexual experiences including sexual assault but also unwanted exposure to pornography or other sexual situations, verbal sexual harassment, or dissemination of sexual or sexualised recordings or photographs (this is not an exhaustive list).

## Prevention

The World Health Organisation (WHO) and the Centers for Disease Control (CDC) define primary prevention as preventing violence before it occurs, and there are Australian organisations that also use this definition in relation to sexual assault (Kwok, 2007). For the purposes of this review, the WHO and CDC definition is used for assessing if the literature is concerned with preventing CSA and sexual violence. Literature (and programs) that are concerned with preventing recidivism or eliciting disclosures from children and adults who have been victimised will be referred to as *tertiary interventions*. This is in reference to the public health model that conceptualises three levels of prevention: *primary* (preventing violence before it occurs on a broad, societal-wide level), *secondary* (identifying those at risk of either perpetrating sexual violence or those at risk of victimisation and intervening with those specific individuals or groups), and *tertiary* (responses after the violence has occurred).

### *Socio-ecological model*

Sexual assault and child sexual abuse services in Australia often conceptualise the responses to victim/survivors, and education about prevention of sexual violence within the socio-ecological model in conjunction with the public health model. The socio-ecological model (developed by Bronfenbrenner (1977)) describes the interrelatedness of different spheres of social life and environment that an individual can interact with on a daily basis. Within this theory there are

- *individual* influences to victimisation or perpetration of sexual violence and abuse (factors that are dependent on the history of the individual),
- *interpersonal* influences (factors that are dependent on peers, family members, friends and their interaction with the individual),

- *community* influences (factors associated with organisations e.g. schools, that an individual may interact with and gain influences on their behaviour), and
- *societal* influences (large, structural factors of government and laws that influence community and individual behaviours, for example gender inequality or religion).

This literature review has also considered the socio-ecological model as part of the literature search and will be using the terminology associated with this model in presenting the findings.

### *Structure of this report*

This report has two sections. **Section A** contains implications and recommendations drawn from the Rapid Evidence Assessment to inform:

- Prevention and education of sexual abuse and assault
- Crisis and long-term support services for victim/survivors and non-offending family members
- Legislative responses for victims and perpetrators of sexual abuse and assault; and
- Trauma-informed training and capacity building for support services

**Section B** is a more comprehensive document. It provides the findings of our Rapid Evidence Assessment of the four domains above, and presents current practice and evidence in relation to child sexual abuse and adult sexual assault from Australia and internationally.

## SECTION A: IMPLICATIONS ARISING FROM THE REVIEW OF THE EVIDENCE

### Overview

Sexual violence against children and adults can take a range of forms such as:

- child sexual abuse perpetrated by adult relatives, carers and guardians in intrafamilial, extrafamilial or community settings;
- sexually abusive or coercive behaviour by other children and adolescents in intrafamilial, extrafamilial or community settings;
- the production, dissemination or collection of child/adolescent exploitation material;
- sexual exploitation of adolescents;
- sexual assault in adolescent peer romantic/dating relationships; and
- sexual assault of adults in a range of professional, friendship, romantic, sexual and intimate relationships.

While sexual violence takes a range of forms and occurs in diverse contexts, it is important to note several common dynamics:

- the vast majority of sexual violence is perpetrated by someone with whom the victim/survivor has a relationship of some kind – familial, professional, guardianship, peer, or casual (ABS 2016; Tarczon & Quadara 2012);
- sexual violence is significantly gendered, particularly in terms of perpetration, with available research suggesting approximately 85-95% of sexual offences are perpetrated by males (Stathopoulos, 2014);
- victims of sexual violence either delay disclosing their experiences at the time or report that their attempts at disclosure are unacknowledged, dismissed or disbelieved (Alaggia, 2004; 2005; 2010; Lievore 2005);
- social attitudes to sexual violence such as child sexual abuse and sexual assault have historically stigmatised or blamed victims for their victimisation and community understanding of the circumstances, dynamics and consequences of sexual violence is weak (Cossins, 2008; Flood, 2009; Ullman 2002); and
- most sexual offences are significantly underreported and difficult to successfully prosecute (Daly & Bourhours 2010; Quadara, 2014).

Significant efforts have been made to prevent and respond to these forms of sexual victimisation and to address the above dynamics. However, it remains the case that policy development and service responses are often fragmented or uncoordinated. Perhaps the clearest example of this is the division in policy responsibility between child and adult forms of sexual victimisation, with the former largely located within a child protection framework while adult sexual assault is most commonly the province of health or women's policy areas. This creates disjunction in understandings in relation to causes, prevention approaches and the most appropriate way of responding to—and preventing—perpetration. It can also mean that some populations – for example, adolescents sexually assaulted by a peer or romantic partner, older people, or those requiring supported care – can “fall through the gaps” of current policy frameworks, prevention strategies and service responses.

In regard to sexual abuse more specifically, it is not clear that it has a coherent conceptual or policy “home”. As noted by Quadara and colleagues (2015), as a social and policy issue, child sexual abuse crosses at least four domains: child protection, criminal justice and correctional systems, violence against women, and family wellbeing and support (including health/medical systems). For example:

- sexual abuse that occurs within the family environment is located within a child protection framework only where it is deemed that there is no capable, protective guardian;

- non-familial child sexual abuse often falls within the realm of police as first/main responders rather than child protection (noting that some jurisdictions have formalised co-investigatory/response protocols between police and child protection authorities);
- sexual violence perpetrated by adolescents may be considered as an issue of either child safety/child protection approaches and within a violence against women framework;
- consequences of child sexual abuse can often require navigation of multiple health and medical support systems (and might trigger mandatory reporting obligations, which in turn involve statutory child protection authorities).

This can mean not only different approaches to prevention of sexual abuse, but also a risk that child sexual abuse falls between the gaps of key policy frameworks, particularly between those dealing with sexual violence against adults and those concerned with child safety and child protection.

In Part A, we draw on the evidence set out in Part B to outline:

- implications of the evidence reviews for Domains 1-4; and
- fundamental principles of a sexual assault prevention and response strategy to address the challenges presented in the review.

The next section outlines the main findings of the review and the implications for the development of a state-wide sexual assault strategy in relation to ‘what works’ what doesn’t as well as challenges to be addressed for each of the four domains.

## Implications of the evidence review within each domain

### *Domain 1: Prevention and education*

As noted earlier preventing sexual assault and child sexual abuse before they occur (i.e., primary prevention) is a key priority. To this end, there has been significant effort given to conceptualising primary prevention and prevention education with young people and adults. Overall, the field in sexual assault prevention is conceptually robust and, having developed and implemented a number of best practice programs in diverse settings, is at the stage of testing the underlying principles and theories of change about what works and why in prevention and education efforts.

Below, we highlight the key messages arising from the evidence review for both adult sexual assault and child sexual abuse

#### Adult sexual assault

- The primary prevention of adult sexual assault is conceptually a well-developed field and is moving to testing its underlying assumptions.
- Prevention education in the form of programs to educate adults about the underlying causes of sexual violence are presented in a variety of settings and include the following elements:
  - Tried and tested – programs must be evaluated (evidence of trial, modification and effectiveness should form the basis of continued trial, scaling up and broader implementation);
  - Robust theory of change;
  - A focus on the structural factors that underlie sexual violence;
- Inclusivity – a shared understanding that men have a positive role to play in the prevention of sexual violence.

#### Challenges

There are a number of challenges facing primary prevention and education efforts:

- *Maintaining policy momentum and commitment to the long-term social change effort that primary prevention aims to achieve.* Other public health campaigns such as road safety or smoking reduction have worked on seeing change over a 10-15 year time frame. It can be

difficult for policy makers and funders to commit to initiatives that are not seen to make a “difference” within a 1-2 year time frame.

- *Expanding prevention programs, evaluation and learning beyond education settings.* Evaluated, evidence based programs are predominantly respectful relationship programs with young people in schools. There has arguably been less:
  - programmatic effort given to prevention with young people not in school settings or in other settings such as organisations and workplaces, the media or primary health (e.g., maternal and child health);
  - exploration of how “macro” policies in employment, superannuation, income support childcare, and so on can or do currently contribute to, and reinforce prevention strategies that target interpersonal and community levels of the social ecology.
- *A chasm between primary prevention work with men and tertiary responses to perpetrators.* There does not appear to be any bridge between universal, primary prevention work on respectful relationships and gender equity on the one hand, and tertiary sex offender treatment programs with convicted offenders on the other. Given only a very small proportion of perpetrators will ever be convicted, this leaves an alarming vacuum for possible intervention with men displaying problematic behaviours.

## Child sexual abuse

- Efforts that aim to prevent sexual abuse from occurring in the first instance currently include:
  - “protective behaviours” or prevention education programs, which provide children with knowledge and strategies that would assist them in protecting themselves against abuse (these may also involve parents, and broader school personnel or systems); and
  - using situational crime prevention and/or organisational change principles to create child safe organisations and physical environments (Higgins, D. J., Kaufman, K., & Erooga, M. in press)..
- Sexual abuse prevention education is not as well conceptualised or evaluated as prevention education for sexual assault:
  - there no consistent policies or guidelines regarding how child sexual abuse prevention is or should be taught to students, whether students’ knowledge, skills, confidence or actual use of the strategies should be assessed following the education, whether the teachers receive training, or even if parents should know that their children are being taught prevention strategies (Walsh et al., 2013);
  - More broadly prevention education in relation to CSA lacks consensus about what constitutes ‘best practice’ in design, implementation or duration of programs; the key ingredients of effective programs; and requisite skills of educators, and indeed who should provide this education (i.e., whether this is something teachers should do or something that dedicated specialists do).
- In relation to child-safe organisations, Australian institutions and organisations are not compelled by any legislation or incentives to introduce policies to prevent child sexual abuse. Outlines of optimal prevention strategies (usually 10-step strategies involving adults as well as children) have been created by the Canadian Red Cross, Smallbone et al.’s model, or Erooga et al (2012). Their efficacy is currently unknown, although evaluations are currently underway in Queensland. However, the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse are likely to be highly pertinent to this.
- Secondary/early intervention is a more developed field in child sexual abuse than primary prevention particularly with reference to addressing problematic sexual behaviours and sexually abusive behaviours which are addressed, where appropriate, through counselling with the child and non-offending family members.

## Challenges

A recent review on conceptualising the primary prevention of child sexual abuse (Quadara et al., 2015) provides an up-to-date assessment of current approaches to preventing sexual abuse in Australia and the challenges that need to be addressed. These are:

- *Differing views about primary prevention.* While there is agreement that primary prevention is the “change goal”, the complex and multi-sectoral nature of child sexual abuse means divergent views and practices about what should be the prevention target, with many approaches called primary prevention could more accurately be classified as secondary or tertiary prevention.
- *Lack of clarity about how broader child maltreatment prevention efforts such as family support programs address sexual abuse.*
- *A dominant focus on individual and interpersonal risk factors.* Community, social and structural factors are not often addressed. Moreover, the diverse list of noted risk factors does not assist policy, services or educators to understand 1) which of these are the most salient or 2) what are the causes underpinning those factors (i.e., the key determinants).

## Domain 2: Crisis and long-term support for victim/survivors

The provision of therapeutic services in Australia for crisis presentations and long-term support for victim/survivors of sexual assault is based on trauma-informed practice, which is dictated by principles of safety, and the understanding that service users may have a history of violence/victimisation. This supports services to avoid potentially re-victimising processes that may be experienced as distressing for victim/survivors. Although there are shared, general principles for trauma informed care and practice, it is unclear how these principles should be implemented in practice for different settings (Quadara, 2015). Other service systems in which victim/survivors may find themselves (for example: financial, housing, GPs, gambling, employment) have an uneven understanding and application of trauma-informed principles which may be due to lack of resources or confidence in dealing appropriately with victim/survivors. Many sectors that may need to respond to victim/survivors are diverse and may work from different ideological perspectives.

Key observations are:

- The concept of interagency collaboration to provide a holistic service response to victim/survivors is exemplified by the Multi-Disciplinary Centers (MDC) in Victoria which bring together Victoria Police, child protection, and sexual assault counselling. The service providers in these hubs work together to support child and adult victims. The purpose of the co-location is to prevent victims from falling through the gaps between agencies and service providers who may be geographically dispersed or complex to traverse. There is an MDC evaluation currently underway in Victoria.
- The location of sexual assault services in or in close proximity to hospitals supports crisis presentations.
- There is little known about the long-term support needs of adult survivors of child sexual abuse and currently service systems may not be funded to support long-term support. A forthcoming research report to the Royal Commission into Institutional Responses to Child Sexual Abuse highlights the need for therapeutic and non-therapeutic supports such as:
  - Employment support
  - Access to financial and legal support
  - Uncapped access to counselling that is accessible over the life course as key life events such as first relationships, parenthood and having children may create the need to dip into and out of support services (Quadara, Stathopoulos & Carson, 2016).
- The needs of minority populations are not always well served in mainstream services and approaches to these groups requires flexibility as the needs of minority populations may be quite unique in relation to how services are to be delivered. A challenge in this context remains in approaches to incorporating minority population needs into a universal approach to prevent and respond to sexual violence.



## Challenges

- Lack of funding remains a challenge. Services are currently providing case management services, referral, secondary consultation, therapeutic and non-therapeutic support and long-term support to complex presentations:
  - Waiting lists are both a function of a lack of resources, and the result of high demand. The complexity in supporting people with complex trauma and complex needs may put additional pressure on sexual assault services.
  - Sexual assault services are not always funded to provide counselling and support to non-offending family members or they may only be able to provide limited services. This is a gap in the service landscape.
- Services aimed at specific populations require further evaluation to bolster the evidence base for ‘what works’.
- Support mechanisms for potential child sexual abuse offenders are absent in Australia. In terms of treatment, the only option for these people is private practice. This lack of support pathway for potential offenders means the system is only geared to attend to their issues once they have offended.

## *Domain 3: Policing and legislative responses to victim/survivors and perpetrators*

Currently, multiple statutory bodies are responding to victims of child and adult sexual assault. The need for broad and on-going sexual assault law reform education for both legal and non-legal actors is imperative (Bluett-Boyd & Fileborn, 2014). Some effective practices in these areas are outlined below.

- Multi-Disciplinary Centers (MDC) in Victoria are being rolled out, which house Victoria police alongside child protection and sexual assault counselling.
- Victoria Police are trialing/implementing the ‘Whole Story’ approach to investigating sexual assault crimes.
- Reform of sexual assault laws have occurred in some jurisdictions to provide less traumatising experiences for victim/survivors giving evidence in court including:
  - allowing vulnerable victims to give evidence remotely;
  - providing a non-legal therapeutic support person to accompany the victim/survivor; and
  - directions to the jury advising that long periods between abuse and reporting do not diminish the victim/survivors credibility (Bluett-Boyd & Fileborn, 2014);
- Innovative and alternative forms of justice, such as restorative justice practices and judicial information sharing systems require evaluation, beginning with a focus on systems, have shown some promise in implementation and delivery (ideally all such initiatives should include provisions for evaluation in the design stage).
- Current offender treatment programs in prison for sexual violence offenders use a Cognitive Behaviour Therapy approach. A promising practice in this area are strengths based models which seek to enhance pro-social behavior and esteem. The Good Lives Model is a good example of this.
- There has been a shift in focus from investigating sexual offender recidivism to looking at desistance, particularly seeking to identify attributes, factors and effective correctional intervention to promote desistance from offending. However, desistance research is in its infancy and requires attention in order to build a strong evidence base.

## Challenges

- Regardless of sexual assault reforms, victim/survivors are still experiencing court as re-victimising. The question of how much can be done to ameliorate this is ongoing. For example, there is a difficulty in separating the therapeutic and legal needs of victim/survivors and a question about how appropriate a legal context is for the provision of therapeutic needs.

- For adult victim/survivors of child sexual abuse there has not been a comprehensive multi-faceted research into police and legal response needs. This gap is receiving some attention for institutional and extra-familial abuse victims from the Royal Commission into Institutional Responses to Child Sexual Abuse.

#### *Domain 4: Trauma-informed practice and capacity building for services*

There is increasing awareness in child/family welfare and adult-focused specialist services on the need for, and value of trauma-informed approaches to practice.

- Promising practice in this area rests with sexual assault services in Australian states and territories and is informed by a more robust evidence base from the United States.
- There is a knowledge gap for services outside of the sexual assault sector and this rests on two factors – fear of doing harm, and diverse theoretical underpinnings of different service sectors including health and addiction services.
- There is a call to include an understanding of the causes and impacts of sexual assault at university level to address uneven service delivery across a range of sectors.
- Evaluation of trauma-informed services is required to support broader implementation and delivery.

#### *Challenges*

- A shared understanding of the necessary principles of trauma-informed practice has not yet been reached.
- Funding remains an issue in building the capacity of services to provide trauma-informed care. Similarly knowledge about where to access trauma-informed training means clear pathways for services will need to be established. For example, organisations such as Centres Against Sexual Assault (CASA) and Lighthouse Institute in Victoria provide training to a broad range of services in relation to trauma-informed practice.

## Fundamental principles of a strategy to prevent and respond to sexual assault

Given the common dynamics noted previously, it is crucial to have a prevention and response strategy that addresses the diverse forms of sexual victimisation that occur over the life course to ensure that measures and initiatives are mutually reinforcing, or at the very least do not undermine each other.

To inform sexual assault policy development by Women NSW, we have identified three fundamental principles that a state-wide sexual assault strategy should be based on. These principles are informed both by the rapid evidence assessment on “what works” in preventing and responding to sexual assault (detailed in Part B) as well as the critical analyses and syntheses AIFS has published in relation to sexual assault. These principles are:

1. *Sustainable, whole-of-population prevention requires a public health approach to addressing social harm*, comprising:
  - a tiered approach to prevention (primary, secondary and tertiary strategies);
  - a socio-ecological understanding of the intersections between individual, relational and social influences;
  - a staged approach to problem definition, intervention, evaluation and scaling up.
2. *“Gender inequality” is a central, though not the only, factor in understanding the diverse forms of sexual assault.* Race, socio-economic status, ability, identity (sexuality & gender), and age are also important dimensions of power and inequality and, along with gender, need to be integrated into prevention strategies.
3. *Systems and service responses need to be co-ordinated or “joined up” pathways* integrating agencies with specialist knowledge of the dynamics and impacts of sexual assault and abuse with other therapeutic and non-therapeutic providers.

These key principles are examined below.

### *A public health approach to violence prevention*

Landmark analyses on the economic and health costs of domestic violence (Access Economics, 2004; VicHealth 2004) along with global research on forms of violence (WHO 2002) ushered in a public health orientation to the prevention of sexual victimisation that built on and extended the existing evidence base developed since the 1980s on sexual assault and abuse.

A public health approach aims to provide the maximum benefit for the largest number of people and seeks to change the *underlying behaviours and conditions* that facilitate social harms. Its overall aim is to prevent the harm before it occurs the first time. It adopts a particular process for achieving this by:

- Defining the problem through the collection of information about the magnitude, scope, characteristics and consequences of sexual violence;
- Seeking to understand the underlying correlates (or “drivers”) of sexual violence, factors that increase or decrease risk for sexual violence, and factors that could be modified through interventions;
- Developing and testing prevention and intervention strategies;
- Evaluating strategies for effectiveness;
- Scaling up effective and promising strategies to a wide range of settings; and
- Evaluating impact and cost-effectiveness.

In Australia, there has been almost a decade of utilising public health concepts and strategies to prevent violence against women. While the empirical research base about “what works” is emergent, there is growing conceptual sophistication underpinning the work relating to how the following articulate:

- when prevention occurs;
- who initiatives are targeted at;
- what level of the social-ecology the initiative aims to influence (i.e., individual, family, community, society);
- the types of settings in which prevention occurs; and
- what drives behaviour change.

These concepts are briefly described in Table 1.

A key aspect of a public health approach for addressing sexual assault is the evaluation of programs, services, and interventions. The process of evaluation is crucial in understanding what is effective, what is promising and what is not. There can be no ‘scaling up’ of small programs for a broader social audience if there is no understanding of what elements are needed and what has been effective in a particular context, with a particular population. Evaluation knowledge will be the basis from which programs and processes are incorporated into a broader strategy to address sexual assault through therapeutic and legal mechanisms.

The benefits of drawing on a public health approach to prevention are:

- an emphasis on preventing violence before it occurs with the long-term goal of reducing the prevalence of sexual assault and abuse;
- aiming for population-level change rather than among individuals or groups;
- addressing the underlying conditions in society as a whole, as well as in particular community settings, that give rise to or enable sexual assault and abuse to occur; and
- recognition that initiatives need to be mutually reinforcing in order to drive and sustain change. This may be across the levels of prevention (i.e., justice responses reflect and reinforce messages about respectful relationships heard in prevention education) or across settings or levels of the social ecology.

This last point is particularly important as it enables a range of sectors, policy portfolios, organisations and industries to come together and work in an integrated way.

**Table 1 Key public health concepts**

Key concepts	
<b>Levels of prevention (the timing of initiatives)</b>	<p><b>Primary prevention</b> – This refers to strategies aimed at preventing assault <i>before</i> it occurs. It includes strategies aimed at tackling the underlying causes of sexual assault and abuse and bolster protective factors that promote pro-social behaviour such as respectful relationships.</p> <p><b>Secondary prevention</b> (or early intervention) – This refers to programs that involve <i>early detection of risk</i> or early manifestations of the problem and the process of identifying risk for victimization and perpetration.</p> <p><b>Tertiary prevention</b> (or response) – These are the <i>responses set in motion after sexual violence has occurred</i>. They aim to prevent or ameliorate the consequences and impacts of sexual violence and can include support and behavior change service systems, policing and criminal justice systems.</p>
<b>Populations (the targets of initiatives)</b>	<p><b>Universal:</b> aimed at whole population;</p> <p><b>Progressive universalism:</b> whole-of-population services or approaches with capacity to ramp-up and adjust the nature or intensity of service for those who need different or more intense services</p> <p><b>Selected:</b> aimed at at-risk, vulnerable or high needs families and individuals;</p> <p><b>Indicated:</b> aimed at identified victims or perpetrators.</p>
<b>Socio-ecological domains of influence</b>	<p><b>Individual-level: microsystem</b> - Personal history factors that increase the likelihood of an individual becoming a victim or perpetrator of violence (e.g., factors such as alcohol and/or drug use; attitudes and beliefs that support violence; impulsive and other antisocial tendencies; hostility towards women; and a childhood history of sexual abuse or witnessing family violence).</p> <p><b>Interpersonal relationship-level: exosystem</b> - Factors that increase risk as a result of relationships with peers, intimate partners, and family members. Peers, partners, and family members can reinforce attitudes and shape the individual's behaviour and range of experiences</p> <p><b>Community-level: mesosystem</b> - Factors that increase risk based on community and social environments and inform an individual's experiences and relationships with schools, workplaces, and neighbourhoods.</p> <p><b>Societal-level: macrosystem</b> Larger, structural factors such as government policies or laws that influence attitudes and behaviours- for example, gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people.</p>
<b>Settings</b>	<p>This refers to diverse organisational, institutional and community locations to which specific prevention, early intervention and response initiatives are tailored, e.g.:</p> <ul style="list-style-type: none"> <li>• educational settings;</li> <li>• media and popular culture;</li> <li>• faith-based settings;</li> <li>• primary health settings;</li> <li>• child and youth-focused organisation</li> <li>• sporting clubs;</li> <li>• workplaces.</li> </ul>
<b>Drivers of behaviour change</b>	<p>Factors that foster, promote and maintain behaviour change i.e., fear, self-efficacy, social norms, attitudes, barriers, risks and rewards, intentions, skills competencies</p>

Adapted from Quadara and Wall (2012)

## Gender and gender inequality

Thirty years of research has demonstrated the deeply gendered nature of both sexual assault and child sexual abuse. More recently, public health strategies to prevent sexual violence in Australia (e.g.,

OurWatch, 2016; VicHealth, 2007) and internationally (CDC, 2004; WHO 2007) have identified the following as key determinants of sexual violence:

- Rigid gender roles and stereotyped constructions of masculinity and femininity;
- Beliefs, attitudes and social norms that condone violence against women;
- Male peer relations that emphasise aggression towards women and male sexual entitlement; and
- Unequal power between men and women in relation to decision-making, access to finance and employment.

Despite consistent findings nationally and internationally in relation to gendered patterns in sexual assault, there can be resistance to the idea that meanings, beliefs and social norms and practices are centrally relevant to sexual assault and sexual abuse on the basis that what is being suggested is that *all* men are (potentially) perpetrators instead of the contention that it is certain norms, beliefs and attitudes about what it is to be masculine or feminine that enables sexual assault and abuse to occur. Significant theoretical and empirical efforts have been made to conceptualise gender as a social rather than a biological or even psychological attribute. Common shorthand for this is to make a distinction between ‘sex’ and ‘gender’. ‘Sex’ is described as referring to the biological, physiological, and reproductive differences between men and women; whereas ‘gender’ refers to the social meanings attached to ‘male’ or ‘female’ (Victorian Health Promotion Foundation, Flood & Pease, 2006)

At the same time, there are conceptual challenges in understanding the role of gender in sexual victimisation. For example, the literature suggests:

- Women are the primary victims of sexual violence (ABS, 2013). However it is also relevant that men and boys comprise a substantial number of victims (ABS, 2013). It is also true that most perpetrators of sexual violence against women and men are men (ABS, 2013).
- Cognitive and intellectual impairment among offenders in the criminal justice system is a significant issue. It is not clear how gendered inequalities or male entitlement play a role for this group (World Health Organisation, 2016; Murray & Powell, 2008).
- Young people with sexually abusive behaviours can present with complex issues including family violence, neglect, cognitive and intellectual impairment, and their own sexual victimisation histories (O’Brien, 2010).

Any initiatives to prevent and educate will be required to engage with these complex dynamics as well as other factors to do with risk.

### *Intersections of vulnerability*

An added factor for consideration is how gendered inequality intersects with other forms of vulnerability and disadvantage. Some populations are at greater risk of sexual victimisation than others, particularly if multiple disadvantaged social identities overlap. While it is difficult to obtain population level prevalence data, smaller community-based studies both in Australia and internationally suggest that following groups experience higher rates of sexual assault and sexual abuse:

- Women and men with a disability;
- Homeless women;
- Young women;
- Women and men who identify as GLBTIQ; and
- Aboriginal and Torres Strait Islander women and children.

These groups are also more likely to experience revictimisation or multiple forms of victimisation over the lifecourse (Murray & Powell, 2008; Stathopoulos, 2014). However, this should not be taken to mean that there is something about particular populations themselves that makes them more likely to experience sexual assault abuse. A focus on individual or group risk factors cannot account for “how perpetrators may target vulnerable people who have previously been victimised, how community and organisational attitudes and norms may support sexual revictimisation, and how broader social norms create vulnerability for certain groups” (Stathopoulos, 2014, p. 1).

These broader contextual factors should inform prevention strategies as they have implications for how policy, practice, and systems responses can ensure that they do not (re)create circumstances of risk and vulnerability that perpetrators exploit.

### *Co-ordinated specialist and non-specialist responses*

As noted at the outset, the dynamics and circumstances in which sexual victimisation occurs are complex – embedded in often intimate relationships, facilitated by the exploitation of trust, largely hidden from and misunderstood by the general public, and until recently viewed as crimes that were easy to allege and difficult to deny. This complexity means that agencies and systems with central responsibility for designing and implementing prevention strategies, as well as responding to victims, perpetrators, or both need to have specialist knowledge of:

- how sexual assault and child sexual abuse occur;
- the tactics and strategies of perpetrators;
- the situational components that contribute to risk (e.g., organisational environments/cultures); and
- the trauma response to sexual victimisation and the needs of victim/survivors.

In addition to sexual assault services, which have provided specialist therapeutic responses to victims of sexual assault and child sexual abuse, there has been a growing trend for specialist responses in the following areas:

- criminal investigations and the police response;
- prosecution;
- adjudication of cases (e.g., specialist courts for child sexual abuse and sexual assault).

At the same time, there has also been a trend for non-sexual assault specialist services and systems to:

- improve their knowledge of child sexual abuse and sexual assault and sensitivity to the possibility that many clients and patients will have trauma histories; and
- develop links and referrals to specialist and other services.

As such, a key area of development has been the establishment of co-ordinated and interagency responses to sexual assault and sexual abuse that may take the form of co-located services; care co-ordination and case co-ordination. The available evaluation research indicates better outcomes for victim/survivors when services (e.g., sexual assault service, police, crisis support) are properly co-ordinated (Powell & Cauchi, 2013; Robinson & Hudson 2008; 2011) there are also challenges when different disciplines, expertise, traditions and organisational imperatives attempt to work together to be “victim-centred”. Nevertheless, research with adult victim/survivors themselves is clear in identifying what their needs are:

- safety;
- empathy, validation and non-judgement;
- being heard/feeling listened to;
- empowered choice and decision-making;
- flexibility in accessing services;
- responsiveness to diversity, life circumstances;
- practical, material forms of support and assistance;
- having a community of peers to connect with (Clark, 2010; Quadara et al. 2014).

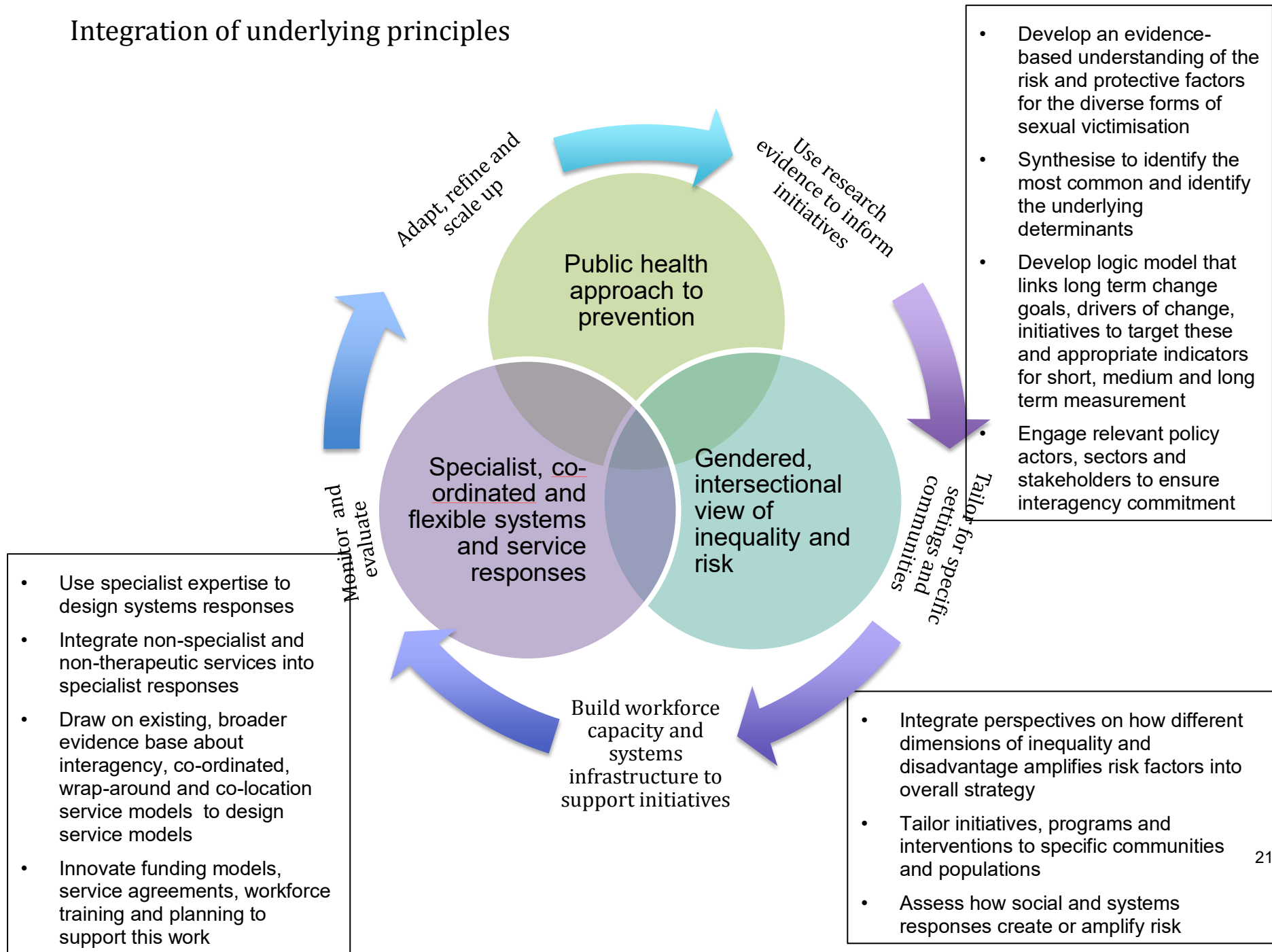
### *Significance of the fundamental principles*

We see the three fundamental principles as interrelated, and underpinning specific initiatives for a statewide strategy both in shaping high-level programmatic priorities, as well as enabling a shared understanding across key stakeholders, agencies and portfolios about best practices in preventing and



responding to sexual assault. The diagram overleaf provides a visual representation of how these intersect.

## Integration of underlying principles



## SECTION B: RAPID EVIDENCE ASSESSMENT

This rapid evidence review is structured along the lines of the following domains and organised around two issues—child sexual abuse and adult sexual assault:

- prevention and education;
- crisis and long-term support of victims;
- policing and legislative responses; and
- training and capacity building of services.

In this section we outline the research in relation to “best practice” and “what works”, which entails research and practice knowledge from Australia and internationally; namely the United States, United Kingdom, Canada and New Zealand. The findings are presented as summaries as well as tables for ease of reference.

### Limitations

The main limitation of this rapid evidence review is the time frame within which the evidence was collected and reported. The specific, narrow focus of the search also introduces limitations to this review. Limitations of the evidence itself include points such as:

- sexual violence of both adults and children is relatively under-studied;
- sexual violence within Indigenous and culturally and linguistically diverse populations is very under-studied;
- there is no clear definition of either sexual assault or child sexual abuse in the research literature;
- results from Australia are limited;
- evaluations of programs are often not undertaken beyond a 6-month period after the program’s completion;
- programs either for training, support or evaluation after often undertaken inhouse, or not undertaken at all; and
- best practice is an undefined term in the majority of the literature.

### Defining “best practice”

Currently there is no consensus about “what works” or what constitutes “best practice” in sexual violence and child sexual abuse prevention or response. What the research literature and other evidence presents as successful in preventing or responding to adult, youth and child victimisation and perpetration of sexual violence will be covered in the following sections. In this section, the focus is on defining the widely used term “best practice”.

There is no uniform definition for “best practice” in the child and adult sexual assault response field. The term is contested, and in reviewing the literature there was often no service, policy or research definition of the term. The term “best practice” has been used in a number of Australian sexual assault policy and guideline publications (see, for instance, National Association of Services Against Sexual Violence [NASASV], 2015; Government of South Australia, 2013; Quixley, 2010). The lack of a clear definition for “best practice” is not just an issue for sexual assault service providers but also for those working in or with the domestic and family violence services (Breckenridge & Hamer, 2014). As this section will discuss, the term “best practice” is complex, although there are some basic concepts that may provide guidance for developing an appropriate definition.

The term “best practice” has its recent origins in the Cochrane Collaboration from the early 1990s in the United Kingdom, which often inform research and policy due to the systematic reviews that are undertaken to search for and find “gold standard” evidence (Breckenridge & Hamer, 2014). While the work undertaken by experts creating the Cochrane Reviews is extensive and systematic, evidence that is quantitative, clinical or methodologically similar to health and medical research is promoted over

qualitative, practitioner experience or evidence informed by the lived experiences of individuals. As Webb (2001) noted, the idea that applying outcomes from rigorous, scientific (not social-science) method-based research projects is highly appealing to contemporary cultures. Practices that are based on research evidence can be presented as a cure to costly and difficult social issues. However, in areas of human services these research practices have often not been appropriately critiqued and a rigid application of them to services may actually prevent solving the issues that the evidence is purported to have solved theoretically (Webb, 2001). Researchers have also indicated that they dislike the term “best practice” because it implies that the application of evidence-based research will lead to the problems being solved without evaluation, individualisation or change (Bowen & Zwi, 2005; Breckenridge & Hamer, 2014). Services dealing with sexual assault and child sexual abuse may also be operating under a variety of political, philosophical or methodologically diverse systems, which can lead to a disagreement about what constitutes “best practice” (Breckenridge & Hamer, 2014).

The NASASV (2015) guidelines and standards acknowledge that while their guidelines are “based on and are referenced to worldwide best practice and ... developed in consultation with sexual assault services in all Australian States and Territories” (p. 4), practice that is informed purely by research evidence is not necessarily guaranteed to work because “it cannot be assumed that an intervention clinically proven to be successful with one client group experiencing a certain set of ‘symptoms’ will achieve the same results with a different client group” (p. 52). NASASV argued that effectiveness of programs and practices should come from client-based review and feedback, research literature, reflective practice and “outcome evaluations methods that are client focused” (p. 52). The focus on not only research evidence but also client review and feedback and evaluations of programs has been highlighted as important to creating best practice models in sexual assault and other violence against women services (Carmody, Evans, Krogh, Flood, Heenan & Ovensden, 2009).

General criteria for what would be considered best practice in rape prevention and treatment support for female victims of rape was suggested by the European Union’s Directorate-General for Internal Policies (Walby et al., 2013). Criteria included: being victim-survivor centred; being gender expert and gender sensitive; including the participation of survivors; having trained personnel; having “skilled specialised centres that act as beacons to good practice in the mainstream”; having monitoring and evaluation built into the services and programs in order to continuously update practice; inter-agency collaboration; and being part of a broader package of policies to combat violence against women (Walby et al., 2013, p. 34). Practices that are “innovative, proven to have made a difference, and models for development elsewhere” can be classed as being part of the best practice, whereas others should be classified as “promising practices” (Walby et al., 2013, p. 34). Sexual assault services that are informed by similar criteria have been referred to as “practice-informed” (Plath, 2006), or “evidence-influenced” (Bowen & Zwi, 2005) rather than as “best practice”.

Research has also highlighted that while international evidence-informed or influenced models for public health services may be promising, they may be difficult to translate to Australia where many funding guidelines are rigid and heavily regulate what kind of models may be used by services and who may deliver them (Breckenridge & Hamer, 2014). This could have implications for using practice-informed evidence to guide services without research input as “various incarnations [of services] may well be driven by particular ideological positions or economic agendas that are obscured by claims of objectivity” (Breckenridge & Hamer, 2014, p. 3). This is arguably an issue in Australia with regards to child sexual abuse education prevention programs that are labelled “protective behaviours” or are based upon protective behaviours education. Research indicates that these have mixed results at best and that Australian programs have not been rigorously evaluated; however, these are the programs that continue to receive ongoing funding from state and territory governments based on internal, practice-informed criteria (Quadara et al., 2015).

The following section begins the presentation of the findings of the Rapid Evidence Assessment. For some of the domains under investigation, child sexual abuse and adult sexual assault will necessarily overlap—such as crisis and long-term services.

## *Domain 1: Prevention and education—child sexual abuse*

Currently in Australia there is no whole-of-system or whole-of-government response to child sexual abuse, although there are a number of major policy frameworks that address sexual abuse such as the *National Plan to Reduce Violence against Women and their Children* and the *National Framework for Protecting Australia's Children 2009-2020*.

### Primary prevention of child sexual abuse and protective behaviours education

Current CSA prevention programs in Australia focus on preventing victimisation. Child sexual abuse prevention in Australia is primarily envisaged as part of “protective behaviours” education. Protective behaviours education is school-based programs aimed at equipping children with “the knowledge and skills to act in ways that reduce the likelihood of abuse occurring and helping them report the abuse and seek help if abuse occurs” (Hawkins, 2013). As researchers note, an issue with victimisation prevention programs is that these programs may give a false sense of security to parents and communities (Finkelhor, 2009), can place responsibility on the child to stop the abuse by disclosing, and cannot be classified as entirely preventative as the programs focus on children disclosing abuse, which means that the child has to have been a victim of CSA (Barron & Topping, 2009; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Research results also indicate that after 12 months with most participants there was little improvement in “safe” or “protective” responses; for example, children asserting their rights or finding an adult to tell about their feelings of unsafety (Barron & Topping, 2009; Hawkins, 2013). Due to these research results, internationally there has been movement away from victimisation prevention to perpetration prevention. There are various primary prevention programs available internationally that are concerned with CSA perpetration, which will be detailed later.

Current CSA prevention programs in Australia do not take into consideration that a large minority of CSA is either sibling sexual abuse or peer-on-peer sexual abuse (Higgins, 2013; Stathopoulos, 2012). Table 1 lists a selection of the current CSA prevention programs available in Australia.<sup>1</sup>

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<sup>1</sup> Information gathered via [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au), [www.bravehearts.com](http://www.bravehearts.com), [www.secasa.com.au](http://www.secasa.com.au), and [www.napcan.org](http://www.napcan.org).

Table 1: Selection of CSA programs in Australia

Name of program	State availability	Type of intervention	Evaluation
Ditto's Keep Safe Adventure	QLD, NSW, Vic., Tas.	One-off performance and a take-home book for the child. Protective behaviours based.	Fair. External review by NSW Centre for Education Statistics and Evaluation found: broadly aligned to curriculum, does not consider CALD backgrounds, no consideration for children's development, does not teach new child protection messages but can be fun for children, does not use anatomically correct terms but series of words that are specific to program, differentiates between types of touches (e.g. good/bad) that children may not be mature enough to differentiate.
All Children Being Safe (NAPCAN)	NSW	Multi-lesson program for 4–7 year olds to feel confident and safe in their communities.	Unknown
Supporting Hands: Introduction to Child Sexual Abuse	QLD	2-hour seminar for adults in the community who have an interest in finding out about CSA. Provides general info, risk factors, addresses myths.	Unknown
Feeling Safe Together, SECASA	Vic.	2–3 hours, delivered to up to 25 students at a time. Run for boys and girls Prep. to Grade 6. Focus is on feeling safe vs feeling unsafe, teaching children that they have rights and can control their own bodies.	Unknown
The Safe Program	National	For 7–12 year old deaf students to learn about keeping safe, feeling safe and being in control of their bodies.	Unknown
Child Safe Organisations	National	State and territory governments are introducing compulsory minimum standards that apply to organisations providing services for children to help protect children from abuse.	Unknown

Children receive varied education about sexual abuse due to there being no consistent policies regarding what qualifies as CSA prevention education at either state or federal level; no policies on student assessment following education, who should teach the children about CSA prevention, or if parents should know that their children are being educated about CSA (Quadara et al., 2015). Table 2 outlines the policies on CSA prevention education for each state and territory.

Table 2: State and territory CSA education policies

Australian Capital Territory	<ul style="list-style-type: none"> <li>• Specifically addresses the role of teachers in sexual abuse prevention</li> <li>• Commitment in curriculum to provide sexual abuse prevention education</li> <li>• Sexual abuse education must take place in Health and Physical Education classes</li> <li>• Offers guidelines to teachers for use of external providers for CSA education</li> <li>• Stipulates that teachers must receive training in child sexual abuse prevention before giving classes</li> <li>• Students can be assessed on what they've learned</li> </ul>
New South Wales	<ul style="list-style-type: none"> <li>• Weak commitment in school curriculum to sexual abuse prevention—up to school whether they want to provide it</li> <li>• Sexual abuse education taught within the Personal Development curriculum</li> <li>• Sexual abuse education must take place in Personal Development classes</li> <li>• Schools must seek parental approval to deliver classes to students</li> <li>• Information for parents about CSA education is limited to cybersafety websites in English</li> </ul>
Northern Territory	<ul style="list-style-type: none"> <li>• Doesn't explicitly mention child sexual abuse prevention as compulsory study</li> </ul>
Queensland	<ul style="list-style-type: none"> <li>• Doesn't explicitly mention child sexual abuse prevention as compulsory study</li> <li>• Students can be assessed on what they've learned</li> </ul>
South Australia	<ul style="list-style-type: none"> <li>• Specifically addresses the role of teachers in sexual abuse prevention</li> <li>• Commitment in curriculum to provide sexual abuse prevention education</li> <li>• Stipulates that teachers must receive training in child sexual abuse prevention before giving classes</li> <li>• Students can be assessed on what they've learned</li> <li>• Parents can opt out of CSA education but if they do then teachers need to find out why</li> <li>• Information for parents about CSA education is limited to cybersafety websites in English</li> </ul>
Tasmania	<ul style="list-style-type: none"> <li>• Sexual abuse prevention education part of Physical Education and Health and Wellbeing curriculum</li> <li>• Doesn't explicitly mention child sexual abuse prevention as compulsory study</li> </ul>
Victoria	<ul style="list-style-type: none"> <li>• Weak commitment to providing sexual abuse prevention education—up to school to decide to provide it</li> <li>• Doesn't explicitly mention child sexual abuse prevention as compulsory study</li> <li>• Offers guidelines to teachers for use of external providers for CSA education</li> <li>• Students must be assessed on what they've learned</li> <li>• Parents can opt out of CSA education for their children</li> <li>• Information for parents about CSA education is limited to cybersafety websites in English</li> </ul>



Western Australia	<ul style="list-style-type: none"> <li>• Specifically addresses the role of teachers in sexual abuse prevention</li> <li>• Commitment in curriculum to provide sexual abuse prevention education</li> <li>• Sexual abuse education must take place in Health and Physical Education classes</li> </ul>
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Source: Adapted from Quadara et al. (2015) pp. 39–40.

There is limited data available about the evaluation of Australian school-based protective behaviours education programs (there is only one Australian Research Council-funded project assessing both primary and secondary school prevention programs but it is still an ongoing research project). International research about the effectiveness of sexual abuse prevention programs and respectful relationships programs (aimed at 12–25 year olds to teach them respect in platonic and romantic relationships and prevent peer sexual assault) has found mixed evidence for their effectiveness, with one research review finding that there was no evidence at all for the effect of interventions on the outcomes reported (Fellmeth, Heffernan, Nurse, Habibula, & Sethi, 2013).

### Sibling sexual abuse and peer-to-peer sexual abuse

As mentioned previously, sibling sexual abuse and peer-on-peer CSA constitute a large minority of CSA offences (Stathopoulos, 2012). Research about both is limited and often fragmented due to issues of definition (especially with regards to peer-on-peer CSA often not being considered a form of CSA but a form of relationship sexual assault) and a lack of research (especially of sibling sexual abuse). These forms of CSA do not feature in prevention education programs.

The literature suggests that in cases of sibling sexual abuse, incorporating the entire family into therapy sessions can have a positive impact on recovery (Welfare, 2010). Caffaro and Conn-Caffaro (2005) suggested a multi-disciplinary approach that integrates assessments and treatment responses constitutes best practice in dealing with the complex and challenging needs of each individual family member.

For the abused sibling, therapy can be an important avenue to recovery and can avert traumatic manifestations such as drug and alcohol abuse, mental health issues and social isolation. An important consideration for older abused siblings is being compelled to spend time with abusive siblings due to family obligations, particularly as parents become older (Monahan, 2010).

For the sibling who has displayed problematic sexual behaviours towards sibling/s it is important to consider the risk of “mental pathologies, a history of behavioural disorders and/or a history of being abused” (Stathopoulos, 2012). O’Brien (2010) suggested that it is vital for the child displaying problematic sexual behaviours to receive therapy in order to stop the behaviour and the possibility that the behaviours may become more violent.

Further research is required into both forms of CSA, and research into the prevention of sibling sexual abuse is highly required.

### Children and young people who display problematic sexual behaviours

Treatment for children with problem sexual behaviours and adolescents with sexually abusive behaviours is available in Victoria through specialist practice. Children (both victims and those with sexually problematic and abusive behaviours) and their families are catered for as part of this program. The focus is on uncovering the causes of the child or young person’s sexually problematic and abusive behaviours and creating a treatment and intervention plan that ensures safety for all children as well as reducing the inappropriate behaviours (Evertsz & Miller, 2012).

Various outreach services are also available for Aboriginal communities in the Northern Territory where children and young people are displaying sexually abusive or problematic sexual behaviours, or where children, their families and communities are suffering trauma after abuse, neglect or sexual assault (O’Brien, 2010). Other programs for young people who have displayed sexually abusive behaviours, or have been convicted of offences over the age of 16 years, are available throughout Australia but are often underfunded, available only to a limited number of youth per annum and

tertiary prevention measures (i.e., concerned with preventing recidivism rather than primary prevention) (O'Brien, 2010); Victoria and Queensland appear to be the only states with funded specialist services for responding to youth justice clients (O'Brien, 2010). As noted by Evertsz and Miller (2012), a large number of children and young people with sexually abusive and problematic sexual behaviours are themselves victims of CSA and therefore treatment of youth who are suspected of CSA perpetration needs to consider how to ensure the safety and healing of the young person who is also abusive with their behaviours.

### *Best practice for problematic sexual behaviours*

It has been widely recognised that responding to problematic sexual behaviours (PSB) in children and youth requires therapeutic services that focus on enacting behavioural change in the young person and diverts them away from the juvenile justice system. Similar to CSA perpetrated by adults, and sexual assault (SXA) more broadly, numbers regarding PSB are unknown, although it is estimated that a large number of intra-familial CSA is perpetrated by siblings (Stathopoulos, 2012). Australian research estimates that sexual abuse by young people accounts for between 40 and 90% of sexual offending against children (O'Brien, 2010). The same obstacles to reporting CSA and SXA victimisation are an issue for reporting young people's risk of committing sexual abuse—shame, misinformation, denial and confusion can lead to young people with PSB not receiving the treatment they require.

In Victoria, therapeutic treatment services are available to young people with PSB, their families, carers, schools or community services. The aims of the treatment are to:

- prevent further occurrence of the behaviour;
- engage the young person to address the impact of their behaviour; and
- improve the wellbeing of affected family members (Department of Human Services [DHS], 2012).

South Australia's policy of responding to children and youth who display PSB is underpinned by guidelines of best practice from South Australian, Australian and international law and social service guidance (Department for Education and Child Development [DECD], 2013). These include the United Nations Conventions on the Rights of Children, various SA laws including the *Children's Protection Act 1933* and *Young Offenders Act 1993*, the National Safe Schools Framework, Information Sharing Guidelines (SA guidelines for sharing information across government and non-government services to ensure the protection of children), SA guidelines for professional boundaries for teachers and other school staff, individual school and child care centre policies, and the Keeping Safe Child Protection Curriculum that includes teaching children about respectful relationships and recognising and reporting sexual abuse (DECD, 2013). It is recognised that responding to PSB is a specialised area within service delivery and requires specialist training for practitioners and clinicians (DECD, 2013; Evertsz & Miller, 2012; SASS, 2014).

Best practice for responding to PSB has resulted in the creation of policies in Victoria and South Australia that include:

- establishing clear guidelines of immediate responses from adults if PSB are exhibited onsite at a school, day-care centre or other site with young people under the care of adults;
- if harm and PSB occurred off-site then staff must notify authorities as soon as they learn of the abuse;
- ensuring that information is gathered in a non-interrogative way and through an ecological perspective that considers the manner in which there may be contributing factors to the display of PSB;
- ensuring that authorities are contacted first before parents and guardians of the child/youth with PSB are;

- ensuring that individuals are mindful of domestic and family violence possibilities as well as authorities checking for criminal records of adults who are parents, carers or guardians of the child with the PSB;
- ensuring that professional counselling services that are able to provide help and support to children and youth with PSB and their families are available
- Ensuring that schools and other sites are consulted and liaised with in the creation and implementation of behaviour support plans or if a child or young person must be moved, that plans can be adhered to and implemented in the new site;
- building relationships with the family as well as other important services within the child/young person's life (e.g., GP) in gathering information that will help support the child/young person;
- ensuring privacy of young people with PSB is upheld;
- site reviews are undertaken when an institution is the place where the PSB were exhibited;
- consideration of the child's mental and emotional health are considered alongside the parents' ability to parent and stress levels within the family are monitored; and undertaking a risk assessment that is current and focused on the immediate risks (DECD, 2013; Evertsz & Miller, 2012).

Victoria's response to PSB in children and youth stresses that:

- safety is a prime consideration for both the subject child and those around them;
- their behaviour is linked to multiple stressors— both external and internal to the child;
- in children under 10, persistent sexualised behaviours are developmentally abnormal and are likely to indicate that harm has occurred to the child;
- the younger the child, the more likely this is;
- once in a repeating pattern, the behaviours may be habitual and the child can no longer control them—treatment should be sought from the Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Service agency;
- family and/or caregiver involvement is paramount and needs to be effective;
- multiple factors need to be addressed, perhaps via different service providers, and service providers have a strong role in facilitating these services; and
- coordination and a well-functioning care team is critical to successful outcomes (Evertsz & Miller, 2012).

## Children and young people, technology and cybersafety

Policies regarding children and young people's safe use of technology and their cybersafety are available in all states and territories of Australia. However, none are explicitly about child sexual abuse or sexual assault prevention, but rather are part of a national approach to address bullying, violence, harassment, child abuse and neglect (Office of the Children's eSafety Commissioner, n.d.). Each state and territory's education department is responsible for developing policies governing the appropriate use of Internet, mobile phones and other digital technologies within schools; independent schools in each district have also developed policies about this issue (Office of the Children's eSafety Commissioner, n.d.).

In Victoria, the Department of Education and Training developed the program "Bully Stoppers" to respond to bullying behaviour in both primary and secondary schools<sup>2</sup> NSW's Department of Education and Communities have developed parent information sheets and anti-bullying programs for schools; however, these are not specifically sexual assault or abuse related. In Queensland, a portal is hosted by the Department of Education, Training and Employment in conjunction with the federal Department of Communications and the Arts but this is a mostly static site with links to the ThinkUKnow site (an Australian Government initiative to teach youth about cybersafety) and the

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<sup>2</sup> See <[www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx)>.

portals where social media content can be reported with the relevant social media site.<sup>3</sup> Other states and territories have made their policies available online with parental pamphlets but do not host a separate site for parents or youth to access. Currently it is difficult to discern what information is being made available to children and young people about the sharing of sexually explicit images (consensually and non-consensually).

Researchers have noted that adults should not assume that all sharing of images is non-consensual or that girls and boys are being coerced into sharing sexually explicit material, as the introduction of smart phones and other digital devices and apps is changing young people's relationships (Lee, Crofts, McGovern, & Milivojevic, 2015). It is recognised, however, that digital devices are leading to the technologically facilitated sexual violence of young women (Henry & Powell, 2015a, 2015b; Powell & Henry, 2014). As other researchers note, adults also regularly engage in consensual sexting and therefore sexting should be viewed as increasingly part of normative human sexual behaviour rather than as something either for teens or something that is only exploitative (Willard, 2010). Legal and policy responses to young people's sexting and engagement in the sharing of sexually explicit material is not well developed in Australia and more work is required with young people to discover how they are engaging in this activity and what their concerns are.

### Primary prevention of child sexual abuse aimed at (potential) perpetrators

Table 3 outlines the major international initiatives to prevent child sexual abuse perpetration or recidivism.

Table 3: International perpetration prevention initiatives

Elmira Project (USA)	Aimed at low socio-economic mothers and infants (families marked as being "at risk" due to other extraneous factors established by child protection services) in order to have a positive effect on maternal relationships with children and lower chances of CSA offending in the long term.
Project Protection Dunkelfeld (Germany)	Aimed at primary prevention of offending amongst paedophiles and hebephiles. Established in 2002. Receives support from victim support organisations, media relations and campaign companies. Advertisements for PPD are widely presented on television, radio and billboards. Aimed at undetected paedophiles and hebephiles who have not offended against any children. Any offending results in instant notification to authorities. If no offending takes place their participation remains anonymous. No major evaluations yet but looks promising.
Stop it Now! UK & Ireland (also available in USA)	Hotline for individuals who are worried about their thoughts or behaviour, non-offending partners and health service personnel who have questions or concerns. UK justice system is involved—individuals cautioned for their behaviour or on bail awaiting trial can receive help from organisation. Young offender programs. 2/5 of callers not offenders but concerned about their thoughts or use of child pornography. US program is only telephone counselling, focus primarily on victims. No individual evaluation but considered very effective. A version of it has been introduced to Australia, at Phoenix House in Bundaberg, Queensland. Details about it via websites are limited. It is unknown if it is effective. It does not appear to have political or metropolitan sexual assault service backing. It appears to be like the US version not the UK/ Irish one.

Source: Adapted from Quadara et al. (2015).

These international programs, aimed at both primary prevention of child sexual abuse and prevention of recidivism, move prevention efforts to adults to prevent them sexually abusing children. It is not to suggest that these are the only programs to prevent child sexual abuse available in these countries

<sup>3</sup> See <[www.communications.gov.au/what-we-do/internet/stay-smart-online/youth](http://www.communications.gov.au/what-we-do/internet/stay-smart-online/youth)>.

(Germany, Canada, the US and UK all have sexual abuse prevention programs aimed at educating children about sexual abuse that are similar to programs currently available in Australia (Walsh et al., 2015)).

## *Domain 1: Prevention and education—adult sexual assault*

### Prevention

Research argues that effective primary prevention of sexual violence requires targeting the complex, systematic causes of this crime (Wall, 2013). As Wall (2013) states “primary prevention strategies can be targeted at aspects of causation, or aim to effect change in individual communities, but these are incremental steps toward broad-scale social change to remove the conditions that lead to sexual assault (2). The National Association of Services Against Sexual Violence (NASASV) has developed guidelines for developing primary prevention programs. The majority of sexual assault prevention training and programs come from sexual assault service providers. Specific sexual assault primary prevention programs include:<sup>4</sup>

- Sex & Ethics (Australia wide): for men and women 16–25 years old.
- The Line Campaign (Australia wide): young people aged 12–20 years.
- No to Violence (Vic.): for men; men’s behaviour change programs where men have been referred for their offending (preventing recidivism); sexual assault and violence against women;
- Building Respectful Relationships—Stepping out Against Gender Violence (Vic.): program targeting bystanders and other youth to intervene;
- Respectful Relationships (Vic.): aimed at secondary school communities to implement a whole-of-school approach to prevent sexual violence and violence against women;
- Y Respect Gender (Vic.): prevention of sexual assault and violence against women within organisations;
- Take a Stand (Vic.): organisational cultural change to prevent sexual assault and violence against women;
- Love Bites (NSW): secondary school communities whole-of-school approach to prevent sexual assault;
- Sexual Assault Prevention Program for Secondary Schools (SAPPSS) (ACT/Vic.): similar to Respectful Relationships programs; also available for students with disabilities;
- Sexual Assault Prevention Education (SAPE) (NT): aimed at students, GPs, educators, nurses, volunteers and police; range of education programs to reduce sexual assault and recognise it; and.
- Respect, Protect, Connect (Vic.): run by South Eastern Centre Against Sexual Assault (SECASA) for secondary students; also available in Tasmania.

Evaluations of the Sex & Ethics program have indicated that the program has been successful in targeting young people and their understanding about their own as well as their partner’s sexual needs. Findings also indicate that the program is successful in developing ethical responsibility in both male and female program participants and bystander skill acquisition and use even 4–6 months after participation in the program (Carmody, Ovenden, & Hoffmann, 2011).

OurWatch has recently released their evaluation of Respectful Relationships education based on evidence from Australia and internationally and found that while the evidence suggests that Respectful Relationships education is effective as a form of primary prevention (preventing gender-based violence against women, including sexual assault), more research is required to find the most

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<sup>4</sup> Information about these services is based on what is easily accessible via Internet searches and did not require contacting the services for more information.

effective models to introduce to Australian schools (Gleeson, Kearney, Leung, & Brislane, 2015). Initial assessment of The Line campaign has found that there were positive shifts to youth understanding about the acceptability of sharing intimate or nude photos, as well as slight decreases in the belief that intoxication or what a girl/woman wears creates responsibility for unwanted sex (Gleeson et al., 2015).

Other education programs are available in primary and secondary schools; however, these tend to have a broader focus of violence against women prevention rather than specifically sexual assault or sexual violence prevention. Respectful relationships education that is focused on the prevention of violence against women, and other forms of interpersonal violence between individuals, has been introduced in selected schools with success.<sup>5</sup> As Flood, Fergus and Heenan (2009) noted, these programs are successful in the long term when there is:

- a) a whole-school approach (including all staff and students and across all school levels);
- b) a program framework and logic;
- c) effective curriculum delivery;
- d) relevant, inclusive, culturally sensitive practice; and
- e) impact evaluation.

For adults, sexual assault prevention education has also been included in primary prevention of violence against women programs, and programs aimed at preventing the harassment of women in workplaces. VicHealth has created a framework for preventing violence against women (2007–2009), which includes societal, community, organisational and individual-level responses for preventing violence. The *Respect, Responsibility and Equality Program* (2007–2015) (also developed by VicHealth) contained four phases of engagement with the community through various smaller projects to build safer and more respectful environments for women (Flood, 2013). VicHealth also funded and supported the *Creating Healthy Workplaces Program* (2012–2015) to trial strategies that would promote equality in the workplace, increase women’s representation and leadership in the workplace and create respectful working conditions.<sup>6</sup> Whole of society and community-led programs have demonstrated greater efficacy than short-term programs that are presented by “outsiders” to a community (e.g., not locally based educators who understand the community they are presenting to), and are not specific and individualised for the community (e.g., programs developed for English as first-language individuals being presented to CALD community members) (Allimant & Ostapiej-Piatkowski, 2011).

### *International programs*

There are several different attempts being made internationally to prevent sexual abuse and violence. Regarding both adult sexual assault and child sexual abuse prevention programs, the focus of governments, research organisations and service providers is increasingly on preventing perpetration. Due to this, increased funding and more sexual assault prevention programs are aimed at youth and children to develop healthy bonds and relationships with peers. These programs, such as the Respectful Relationships education, are also available in Australia and are outlined above.

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<sup>5</sup> It is worth mentioning the Safe Dates program, which fell just outside our review inclusion dates. Safe Dates was an adolescent dating sexual assault prevention program run in US schools, and evaluations and follow ups occurred up to 4 years after the program ran. Results indicated that the program showed great promise for preventing violence amongst dating teens. There was less certainty in relation to “booster” sessions provided to randomly selected treatment participants (Foshee, Bauman, Ennett, Linder, Benefield, & Suchindran, 2004).

<sup>6</sup> See <[www.vichealth.vic.gov.au/programs-and-projects/creating-healthy-workplaces-program](http://www.vichealth.vic.gov.au/programs-and-projects/creating-healthy-workplaces-program)>.

## Education

Sexual assault service providers worldwide are often the providers of prevention education programs within schools and the community. Programs that have been identified as “best practice” (Walby et al., 2013) include:

- Sexual Assault Crisis Teams (SACT) (USA, Vermont): primarily offering victim/survivors support but also education to community groups. No further information offered on website.
- National Sexual Violence Resource Center (SARC) (USA, nationwide): Rape Prevention and Education program, Engaging Bystanders in Sexual Violence Prevention programs, Sexual Violence and the Workplace program are all run on demand.
- Southampton Talking About Relationships (STAR) (UK): similar to respectful relationships education in Australia to prevent rape by empowering young people. Evaluation finds it very successful.
- #talkaboutit: talking about consent and coercion (Sweden): community, grassroots-level prevention program creating public debates about rape and coercion; talking about events that men and women may not consider rape but actually are.

Walby et al. (2013) identified these as best practice programs due to their innovative nature, their reduction of silence around sexual violence in the community acting as a preventative measure, local support, engagement with bystanders and for taking the prevention training into the workplace.

## *Domain 2: Crisis and long-term support services for victim/survivors of child sexual abuse and adult sexual assault*

For crisis and long-term support services the literature regarding “best practice” and “what works” will be presented together for both child sexual abuse and adult sexual assault. This is partly because there are some overlaps in therapeutic approaches and service providers.

Since the 1970s there has been focus on providing adult and child victim/survivors of sexual assault support that is specific to the physical, emotional and sexual trauma experienced (Jones, 2015). This includes not only immediate crisis counselling and appropriate forensic examination but ongoing support. Victim/survivors of sexual violence can experience a variety of issues in the short and long term:

### Short-term:

- physical injuries;
- sexually transmitted infections;
- anxiety;
- fear;
- flashbacks;
- nightmares; and
- shame

### Long-term:

- post-traumatic stress disorder;
- ongoing physical problems;
- depression;
- sexual problems;
- relationship breakdowns;
- drug and alcohol abuse; and
- suicide (Cashmore & Shackel, 2013; Boyd, 2011).



However, the needs of survivors in crisis and long-term care can differ based on whether they are male or female (Price-Robertson, 2012), abused as children (Denov, 2004), abused as adults (Burke Drauker, 1999), and whether they had solid support networks around them at time of their first disclosure (Quadara et al., 2015). This section considers what services are currently available around Australia and what needs victim/survivors have that may not be currently met as well by services in Australia.

## Sexual assault specific services

Sexual assault centres and services in Australia, and internationally, generally provide multidisciplinary care for men and women who have been victims of sexual crimes. Services include support, counselling, advocacy services, training and education. Non-government services are often specific about who they are willing to offer services to (e.g., offering support only to male, only to female, only to adult, or only to child clients) and due to funding there may be limits on whether victims can access long-term support. Nationally, crisis and long-term support for victim/survivors of either adult or child sexual abuse can be received from 1800-Respect, the national sexual assault, domestic family violence counselling service, or from Kids Helpline. 1800-Respect offers both telephone and online counselling, as does Kids Helpline. Both services are available 24 hours per day/ 7 days per week.

On a state and territory level there are sexual assault services that offer crisis and long-term support for victim/survivors and non-offending family members. Table 4 gives details of the main contact services for each state.<sup>7</sup>

Table 4: Contact services

Australian Capital Territory	<ul style="list-style-type: none"> <li>• Canberra Rape Crisis Centre</li> <li>• The Nguru Program: a culturally appropriate counselling service for members of the Aboriginal and Torres Strait Islander community</li> <li>• Service Assisting Male Survivors of Sexual Assault (SAMSSA)</li> </ul>
New South Wales	<ul style="list-style-type: none"> <li>• Rape and Domestic Violence Services Australia: 24 hours per day/ 7 days per week telephone and online counselling service</li> <li>• New South Wales Health Sexual Assault Services: 58 services around NSW that offer crisis and long-term support</li> <li>• Adult Survivors of Child Abuse (ASCA): Focus primarily on adults CSA survivors. Counselling, advocacy and training in CSA needs of adult survivors</li> </ul>
Northern Territory	<ul style="list-style-type: none"> <li>• Ruby Gaea (Darwin Centre Against Rape): Crisis and long-term counselling for women and children</li> <li>• Sexual Assault Referral Centre: Crisis support and other counselling and support needs (24 hours per day/ 7 days per week)</li> <li>• Sexual Assault Referral Centre and Counsellor (Alice Springs): Crisis support and other counselling and support needs (24 hours per day/ 7 days per week)</li> <li>• Sexual Assault Referral Centre (Katherine)</li> <li>• Sexual Assault Counsellor (Katherine)</li> <li>• Sexual Assault Referral Centre and Counsellor (Tennant Creek)</li> </ul>
Queensland	<ul style="list-style-type: none"> <li>• Sexual Assault Helpline</li> <li>• Queensland Sexual Assault Services: 19 local and community sexual assault services that offer crisis and long-term support to victim/survivors. Many have different focuses (e.g. Living Well: Sexual Assault Services for men offers online, telephone and in-person support). All offer counselling and support, some offer advocacy.</li> </ul>

<sup>7</sup> Smaller sexual assault services—those affiliated with hospitals, those that do not have websites, or those under the guidance of an umbrella organisation—are not included here but can be accessed on the 1800-RESPECT website.

	<ul style="list-style-type: none"> <li>Queensland Health Sexual Assault Service: Crisis support for women directly following a sexual assault</li> </ul>
South Australia	<ul style="list-style-type: none"> <li>Yarrow Place: Counselling, support and advice; offers 24 hour per day/ 7 day per week crisis support; located in: Adelaide.</li> <li>South Australia's Victim Support Service</li> </ul>
Tasmania	<ul style="list-style-type: none"> <li>Southern Sexual Assault Service (SSAS): Counselling line and face-to-face support</li> <li>Laurel House Launceston: phone and in-person support</li> <li>North-west Centre Against Sexual Assault: Linked to Victorian CASAs</li> </ul>
Victoria	<ul style="list-style-type: none"> <li>Centres Against Sexual Assault (CASA): the overarching, umbrella organisation for sexual assault services in Victoria; phone and in-person support</li> </ul>
Western Australia	<ul style="list-style-type: none"> <li>Sexual Assault Resource Centre: rape crisis service; long-term counselling also available</li> </ul>

## Crisis intervention

Crisis intervention is available and accessible for most victim/survivors in urban areas around Australia. Rural and remote community members may be geographically isolated from services that would allow for face-to-face counselling, and therefore are reliant on telephone or online counselling. Research indicates that online counselling is primarily through the medium of email and is of a relatively short-term nature (Chester & Glass, 2006). Other research has found that if clients do not progress through the stages of counselling across multiple online sessions, then their levels of psychological distress may not lessen (Dowling & Rickwood, 2014). Research into online counselling is, however, predominantly concerned with youth and children, using small numbers of research participants, and has not covered online counselling offered by sexual assault services in Australia or around the world. Research into this area is necessary, especially in Australia where populations may rely on online counselling exclusively for their crisis or long-term support needs.

## Location of sexual assault specialist support services

Recommendations have been made internationally about access to sexual assault services. In Ireland it was recommended that no individual be more than a 3-hour drive from a centre; in the UK it was recommended that one centre be placed every 80km so no individual had to travel further than 120 minutes to receive care; while elsewhere in the EU it was recommended that one service was required per 400,000 women to ensure ease of access and support (Eogan, McHugh, & Holohan, 2013). The Stern Review (Stern, 2010) noted that a "one size fits all" model is not appropriate, and there will need to be differences at local levels to ensure that victim/survivors feel comfortable seeking out support; however, these services must be integrated with other agencies to ensure that they do not become stand-alone sites but work with other agencies to provide care. Access to services at this level in Australia may be difficult to provide due to the geographic size of states and territories.

## The provision of sexual assault specialist support services in rural and remote locations

Wilson and McCormack (2010) highlighted the pros and cons of decentralising sexual assault services in order to provide access to services to individuals living in rural and remote communities. Clients noted that accessing decentralised services can be positive but there are travel costs associated with presenting to rural services as well as issues with finding services in a community that is not the victim/survivors' own community, and difficulties in attending due to concerns about privacy and times when the individual can remove themselves from their community without suspicion (these may coincide with times when services are closed, e.g., over Christmas or Easter) (Wilson & McCormack, 2010).

It is further noted that there are issues with offering sexual assault services to small communities where the decentralised service only has one or few workers. Also, community education and responding to sexual assault may be difficult due to the community's inherent preference to deny the sexual assault and potentially support the perpetrator (Rawsthorne, 2003). Services in Victoria do not appear to be as affected by these issues in part due to the size of the state as well as the manner in which sexual assault services are organised. They do also offer online counselling for individuals via chat programs such as MSN and video counselling via Skype (Wilson and McCormack, 2010; Forgan, 2011). Other states' sexual assault services have also begun using video and online conferencing for victim/survivors who are remotely located (Forgan, 2011; Parkerville Children and Youth Care, 2015).

## The provision of online counselling

Female survivors of rape and other sexual assault have reported that they are open to and would welcome the opportunity to receive online counselling whether they are in metropolitan or rural communities (McCreight, 2010).

A review of possibilities for online therapeutic interventions has identified four categories for online interventions (Barak, Klein & Proudfoot, 2009):

- web-based interventions (self-guided therapeutic interventions via an online program and interactive web-based programs);
- online counselling and therapy (audio, visual, text-based and a combination thereof);
- Internet-operated therapeutic software (e.g., virtual reality environments); and
- other online activities (e.g., supplements to face-to-face therapy).

Initial research across a variety of fields indicates that online counselling can be as effective as face-to-face counselling. Even when there are no perceptible benefits of online counselling, there are no threats to the mental health of the individual receiving counselling either (Barak et al., 2009).

The need for flexibility in service delivery has been highlighted in the *National Plan to Reduce Violence Against Women and Their Children* (COAG, 2011). Issues with sexual assault service provision associated with geographic distance in Australia include problems such as:

- finding individuals to work in remote and regional communities;
- the need for culturally sensitive responses that sometimes cannot be well met if individuals are untrained;
- local communities' sense of self-reliance and belief that threats to the community come from outside and not within;
- lack of integration with other services such as GPs; and
- lack of opportunity to evaluate if measures introduced by individual services are having the desired effects (Wall & Stathopoulos, 2012).

## Therapeutic and non-therapeutic support needs of adult survivors of child sexual abuse

Male and female adult victim/survivors of child sexual abuse have also highlighted a variety of therapeutic and non-therapeutic support needs that they feel currently are not being met either by CSA services or by other health care professionals and service providers in the broader community. Table 5 outlines the common concerns raised by male and female survivors of CSA with regards to therapeutic and non-therapeutic needs.

Table 5: Therapeutic and non-therapeutic needs of adult survivors of child sexual abuse

Men	Women
<p>Therapeutic needs</p> <ul style="list-style-type: none"> <li>- Respect and understanding that men can be victims of CSA</li> <li>- Respect and understanding that male victims of CSA do not go on to perpetrate abuse themselves</li> <li>- Sexual assault services that do not view men who approach them as perpetrators of sexual violence</li> <li>- Recognising CSA over lifespan</li> <li>- Anger management needs</li> <li>- Counselling/ therapy for partners</li> <li>- Services that accept male survivors as a priority</li> <li>- Therapists with a strong understanding of CSA</li> <li>- Specialised practitioners to help</li> <li>- Feeling empowered by the therapy</li> </ul> <p>Non-therapeutic needs</p> <ul style="list-style-type: none"> <li>- Advertising campaigns that target men to seek help and support</li> <li>- Change in expectations about masculine behaviour</li> </ul>	<p>Therapeutic needs</p> <ul style="list-style-type: none"> <li>- Counselling for partners or carers</li> <li>- Feeling empowered by the therapy</li> <li>- Therapists with a strong understanding of CSA</li> <li>- Specialised practitioners to help</li> <li>- Body-oriented therapies (e.g., dance and creative therapies)</li> <li>- Longer group treatment opportunities</li> </ul> <p>Non-therapeutic needs</p> <ul style="list-style-type: none"> <li>- Maternal bonding with children programs</li> <li>- Maternal care programs</li> <li>- Medical examinations that empower woman rather than place them in a position that could be powerless or humiliating, pertinent for gynaecological examinations</li> </ul>

Sources: Crete & Singh (2015); Quadara, Higgins, Nagy, Lykhina, & Wall (2013); Barber (2012); Astbury (2006).

### Addressing the “cycle of abuse” myth

Adult male victims of child sexual abuse often cite concerns of stigmatisation for their reluctance to disclose (Barber, 2012), with many concerned that service providers, police and medical professionals may consider them to be offenders themselves (Price-Robertson, 2012). This is due to the incorrect belief that victims of CSA go on to offend against children in adulthood. This has also been referred to as the “cycle of abuse”. Research both in Australia and internationally has found no basis for this belief, as the majority of offenders have been found to have no history of CSA victimisation (Cutajar, Ogloff, & Mullen, 2011; Whitaker, Le, Hanson, Baker, McMahon, Ryan et al., 2008; Lisak, Hopper, & Song, 1996; Salter, McMillan, Richards, Talbot, Hodges, Bentovim, & Hastings et al., 2003; Jespersen, Lalumiere, & Seto, 2009; Widom & Ames, 1994).

It has been well documented that females are overwhelmingly victims of CSA; however, they only make up a very small minority of CSA perpetrators, thereby highlighting the largest inconsistency with the “cycle of abuse” theory. While members of the public may believe that there is such a cycle (Foster, Boyd & O’Leary, 2012), research is very clear that the cycle of abuse is not an applicable issue for supporting male victims of CSA. However, research does state that male victims of CSA, especially those aged 12 years and older at the time of their abuse, require support and therapeutic interventions. Ogloff, Cutajar, Mann, and Mullen (2012) demonstrated that boys who were sexually abused aged 12 years and over were more likely to be later convicted of a sexual offence than those who were 12 years and under when sexually abused, or never sexually abused. According to these authors it would suggest that psychosexual development is severely impacted by the abuse leading to the development of sexual offending in adulthood; however, as they note, they do not have the information for the possible explanations of this development (Ogloff et al., 2012).

## Therapeutic and non-therapeutic support needs of minority populations

In relation to communities and populations that may sit outside of the mainstream populations, there is need for a more customised approach and cultural awareness across a range of activities—particularly in respect to crisis and long-term support of:

- Indigenous Australians;
- immigrant and refugee communities;
- GLBTIQ communities; and
- people with a disability.

Intersectionality describes the intersecting demographic features that make up an individual's identity. In the case of sexual abuse and assault, the intersection of being a woman, being of diverse sexuality to heterosexuality, having a disability or being Indigenous may increase their risk to sexual violence due to their social and physical location. It is vital to remain alert to issues of intersectionality in the response domain in order to account for difficulties and barriers that victim/survivors may have in accessing and maintaining engagement with support services, which may assist them to heal.

### *Indigenous Australians*

Aboriginal and Torres Strait Islander children remain over-represented in child protection systems (Goldsworthy, 2015). There exist a range of issues that foster and maintain barriers to the reporting of child sexual abuse (and neglect), and indeed adult sexual assault, including:

- fear and mistrust of justice and government agencies;
- fear of racism;
- fear of removal of the child from the community;
- social and cultural pressure to protect the perpetrator from police violence and removal from their community;
- fear of the perpetrator and their family;
- shame, guilt and fear;
- non-recognition of child sexual abuse;
- cultural and language barriers to accessing relevant authorities; and
- a lack of reporting mechanisms in remote locations (adapted from Goldsworthy, 2015).

Hannah McGlade (2007) advocated the need for alternative forms of justice to address the sexual abuse and assault of Aboriginal children and women that prioritises “justice as healing”. McGlade (2007) has called for the justice system to develop responsiveness to the need for healing through legal mechanisms, in particular for the issue of child sexual abuse in Indigenous communities.

Service responses for Aboriginal and Torres Strait Islander adult victim/survivors of sexual abuse and assault are also affected by the issues outlined above. Fear of authority and of having the perpetrator removed from the community can be an important factor in under-reporting for this population. Fear that their kin and community might find out may also drive a lack of disclosures. Ongoing marginalisation and racism play a strong role in the intergenerational trauma and grief experienced by Indigenous people (Human Rights and Equal Opportunity Commission [HREOC], 1997). It is important to be victim-centred, flexible and consultative in relation to service provision with this population who may:

- choose to only work with Indigenous counsellor/advocates;
- choose to not work with Indigenous counsellor/advocates;
- feel more welcome in a service that meets their cultural needs;
- require workers to do outreach work in their community rather than travel to services and maintain appointment times; and
- require additional support for complex needs associated with alcohol and drug use, gambling, inadequate housing and legal difficulties (Anderson & Wild, 2007).

Therefore, diverse staffing, ongoing cultural awareness training (Closing the Gap Clearinghouse, 2013) and an acknowledgement of the disadvantage Aboriginal and Torres Strait Islander people experience in Australian society become the basis for providing services to this under-served population. More research and evaluation of programs will help build the evidence base for what works in responding appropriately to Indigenous disadvantage (Closing the Gap Clearinghouse, 2013).

### *Immigrant, refugee and CALD communities*

Allimant and Ostapiej-Piatkowski (2011) outlined the practical implications for CALD, immigrant and refugee women who experience sexual abuse and trauma. In particular, they suggested some of the key issues to consider when providing support services:

- Support services will need to be alert to ethno-specific cultural values and diverse understandings of sexual violence (e.g., non-recognition of rape within marriage).
- Women need to be listened to in a confidential and non-judgemental setting (e.g., taking care to not implicitly judge another culture).
- Women who have experienced sexual assault, violence and torture may have limited capacity to deal with everyday challenges related to settlement, education and family, let alone accessing therapeutic support.
- Practitioners may like to focus on assisting victim/survivors to cope with trauma memories and flashbacks.
- Practitioners need to be alert to the use of inappropriate translators from within the community, which could potentially jeopardise the safety and privacy of victim/survivors.

### *GLBTIQ communities*

In providing responses to sexual violence to gay, lesbian, bisexual, trans, intersex and queer communities, it is important to understand that non-heterosexual identity can be “denigrated, stigmatised or denied” (Mason, 1993, p. 2), leading to increasing risk of sexual violence and traumatic response. Some key concerns for GLBTIQ people in seeking to access services are:

- concern that they will be met with homophobic or heterosexist responses from service providers;
- fear that violence that occurs in a same-sex relationship will not be taken seriously;
- fear of not knowing if a service is welcoming and sensitive to the needs of people with diverse sexual identities; and
- lack of provision of GLBTIQ services and supports in regional and remote locations (adapted from Fileborn, 2012).

### *People with a disability*

There is increased understanding that people with a disability are more likely to experience violence in their life than people without a disability (OurWatch, 2016a). Enabling disclosures and providing an appropriate response requires the promotion of the idea that all people, including people with a disability, have the right to live their lives free from sexual assault and violence (Murray & Powell, 2008).

Residential and community settings require policies and procedures that make clear the actions required in cases of disclosure, which may entail the comprehensive training of all professionals working with this population including police and support services (Murray & Powell, 2008). Educating people with a disability about sexuality may work to empower them to disclose should an abuse occur, and education may act as a preventative measure; however, responsibility to stop the abuse should never be placed on the shoulders of the victim.

Although the issue of “silencing” is not particular to the support needs of people with a disability who have experienced sexual abuse or assault, it impacts quite substantially on this population of people

(Murray & Powell, 2008). An integrated response across disability and sexual assault services, police and legal actors may support people with a disability to receive the support they want whether that be legal, therapeutic, or non-therapeutic.

## Therapeutic and non-therapeutic needs of secondary victims or non-offending family members

Secondary victims of adult and child sexual assault can include family of the victim (non-offending parents in cases of CSA, parents, caregivers, extended family, siblings (both biological and non-biological), friends, partners and children (Fuller, 2016). Secondary victims have been defined as “persons who, though not the primary victim of crime, have suffered some form of vicarious trauma as a result” (Fuller, 2015).

Currently, the research has primarily focused on secondary victimisation of service workers, psychologists and others working with victims of sexual violence rather than on other individuals who offer the victim support. Although the effects of positive parental support in cases of CSA is well-documented (Corcoran, 2004; Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Theriault, 2002; Godbout, Briere, Sabourin, & Lussier, 2014), the effect of CSA on non-offending parents and other family members is not as well known. The research suggests that parents of children who have experienced child sexual abuse can experience feelings of:

- anxiety about the parental role, particularly in relation to:
  - lack of control in enabling safe spaces for their child/ren;
  - intense feelings of guilt (this is particularly true for mothers who are primary carers); and
  - the impact of knowing about sexual abuse on survivors’ siblings.
- an altered view of their child’s future—the abuse can become the key lens through which parents view issues such as:
  - concern about how their child will negotiate psycho-social developmental milestones such as puberty, sex and early relationships;
  - the loss of “normal” experiences (e.g. not wanting to sleep over at someone’s house);
  - risk of compromised schooling and educational outcomes (Quadara, Stathopoulos & Carson, 2016).

These impacts on parents, and particularly mothers, can be heightened if the abuse is intra-familial. The therapeutic and non-therapeutic needs of parents whose children have experienced institutional and/or extra-familial child sexual abuse was the subject of a qualitative study undertaken for the Royal Commission into Institutional Responses to Child Sexual Abuse (and whose findings may cautiously be extrapolated to parents whose child has experienced any type of child sexual abuse). They found that parents:

- were understandably focused on supporting the victim/survivor rather than seeking support for themselves;
- found the costs associated with support services punitive—sometimes choosing to forgo counselling themselves, even in the face of great need;
- wanted to engage with peer support groups so they could speak freely about their child’s experience and the impact on their family;
- were let down because of the lack of understanding from their community; and
- required easily accessible and helpful legal advice (Quadara et al., 2016).

Ongoing research about how non-offending parents are affected by CSA disclosure by their children is required.

It is known that non-perpetrator male partners of adult female victims are affected by disclosures of sexual assault (Daane, 2005) but as Morrison, Quadara, and Boyd (2007) noted, where secondary victims of sexual assault are considered more broadly by research literature it is primarily to examine how their responses affect the victim/survivor. The majority of literature about secondary victims of sexual violence centres on heterosexual male partners of female victim/survivors (where the woman



was victimised or survived CSA and/or adult sexual violence) (Daane, 2005; Morrison et al., 2007); however, participant numbers in studies tend to be quite low. This focus on male partners as secondary victims stretches back to early research into secondary victimisation, suggesting that early researchers may also have assumed that the effects of rape would be felt most strongly by male sexual partners due to traditional notions of sexual ownership (Morrison et al., 2007). Knowledge about the effects of secondary victimisation on same-sex partners of victim/survivors is limited and requires more research.

### *Domain 3: Policing and legislative responses to victims of sexual abuse and assault, and perpetrators*

Research with sexual assault service providers and victim/survivors of adult and child sexual violence indicates that victim/survivors often feel re-victimised by the criminal justice system from their initial contact with police, through the investigation, and throughout the trial process (Kennedy & Eastale, 2011). For victim/survivors, perpetrators and the rest of the community, the criminal justice system is “one of the important community resources used to address [the] problem” (Murphy, Banyard, Maynard, & Dufresne, 2011). Therefore, secondary and tertiary responses from the criminal justice system are closely tied to responding to sexual violence.

Research into the justice needs of victim/survivors of sexual abuse and assault indicate the following are needed:

- information—about the various processes entailed in reporting and appearing in court;
- validation— to be believed by the criminal justice system;
- voice— to have their day in court and to tell their story;
- control—receiving regular updates about their case and being provided access to advocates to support decision-making (adapted from Clark, 2010).

Research across multiple jurisdictions in Australia indicates that although law reform and court practice reforms have sought to address the needs of victim/survivors in their experiences of court, it is suggested that there is a “clear need for ongoing education of legal and non-legal actors with respect to the social context(s) of sexual assault” (Bluett-Boyd & Fileborn, 2014).

For the majority of victim/survivors, whether as adults or children, their first interaction with the criminal justice system when disclosing is with the police. It is this first contact that can have a large impact on whether a victim/survivor chooses to continue their cooperation with the police. As noted by crisis support workers, victim/survivors may feel unsupported by the police not only due to the tone of questioning that is often employed (e.g., asking the victim what clothes they were wearing, what was their relationship with the accused like), but also due to any firearms the officers are wearing at the time of interviewing, which can appear threatening to the victim (Murphy et al., 2011).

The continued focus on the victim and attempting to find inconsistencies with the victim’s narrative can lead to emotional fatigue, which has been noted as a large reason why victims will choose not to proceed with their case (Murphy et al., 2011). Due to this, and victim/survivor and non-offending family members’ statements regarding feeling re-victimised or confused by the proceedings inherent to reporting a crime and the resulting investigation, many jurisdictions around the world and in Australia have introduced specialist investigative teams who concentrate on adult and child sexual assault. Table 6 outlines the specialist groups available in Australian jurisdictions.

Table 6: Specialist sexual violence teams

Australian Capital Territory	<i>Sexual Assault and Child Abuse Team (SACAT)</i> Also has a Sexual Assault Victim Liaison Officer who helps victims navigate the criminal justice system by keeping them informed of the progress of the investigation and criminal proceedings
New South Wales	Most reported cases handled by local detectives. In cases of serious or serial sexual assault the <i>Sex Crime Squad</i> may be called in to assist. In cases of Child Sexual Abuse the <i>Joint Investigation Response Squad (JIRS)</i> will be involved in the investigation of the report. Individuals can also inform police about the assault via a Sexual Assault Questionnaire that gives details of the offence to the police but does not constitute a formal complaint.
Northern Territory	No specific police team for child sexual abuse or sexual violence.
Queensland	Specialist <i>Queensland Police Service (QPS)</i> investigators
South Australia	No specific police team for child sexual abuse or sexual violence. There is a Family Violence Investigation Team that investigates sexual violence committed within a familial environment.
Tasmania	No specific police team for child sexual abuse or sexual violence. Sexual abuse may be investigated if part of a broader enquiry into child abuse and neglect within a family also contending with family violence. The program is called <i>Safe at Home</i> .
Victoria	<i>Sexual Offences and Child Abuse Investigation Teams (SOCIT)</i> Specially trained and experienced detectives who deal exclusively with investigating sexual violence. <i>Multidisciplinary Centres (MDC)</i> Comprised of SOCIT team, Department of Human Services Child Protection, and CASA (Centres Against Sexual Assault) counsellors/advocates. Currently three in Victoria, with a further three to be established. Aim is to help reduce attrition and help victims with receiving aid.
Western Australia	<i>Sex Assault Squad</i> <i>Child Abuse Squad</i>

While all the police services of Australian states and territories offer information for members of the public about reporting sexual offences to them, and offer links to victim support services, there do not appear to be multi-agency centres outside of Victoria and the ACT that work in collaboration on a day-to-day basis with a set team. Evaluation of the Victorian model has found that victims have responded positively to the change, that the victim-focused model resulted in victims not feeling stigmatised, judged or re-traumatised by the experience, and the model aligned with what victims felt the police and investigators should be like towards victims of sexual violence (Powell & Cauchi, 2013). Evaluation of ACT's Sexual Assault Reform Program found that, for victims, the introduction of fast-tracked testimony, the ability to give testimony away from the court, inter-agency training for service providers and reducing the amount of time the victim is required to spend as part of the criminal justice system resulted in a more positive experience with the criminal justice system (Anderson, Richards, & Willis, 2013).

## Sexual Assault Response Teams (SART)

Sexual Assault Response Teams (SART) have been increasingly used across jurisdictions in the United States and Canada. SARTs bring together key stakeholders from within a community—police, prosecutors, medical/forensic examiners and rape victim advocates—in order to improve responses to sexual assaults. According to the research, there are mixed results regarding the effectiveness of SARTs (Greeson, Campbell, Bybee, & Kennedy, 2016). The reason for the differences in efficacy of the SART model across various communities is linked to there being “no one standardised, evidence-based SART model ... tested and then adopted by practitioners. Rather communities tried different ways of collaborating and their ideas spread, leading to other communities reinventing the SART model in their own community” (Greeson et al., 2016, p. 281). Although SART practitioners claim to be driving their local programs according to best practice, SARTs that adhere to formal structures, are engaged in more institutionalisation of multidisciplinary trainings that are supported by research, formally evaluate their programs and institute these changes based on evaluation outcomes are more successful than where these practices are not established (Greeson et al., 2016). Although results are highly dependent on individuals working within SARTs, and adherence to the original SART model, research indicates that engaging multiple stakeholders associated with adult and sexual assault care through one team similar to the SART program is effective for victim/survivors and non-offending family members engaging with the criminal justice system (ALRC, 1997). This initiative has been recommended for Victoria in the past (1995) but was never implemented (ALRC, 1997). However, there are interagency protocols in place in all states and territories that outline how health care and other service providers should respond to sexual assault victims. Table 7 outlines these guidelines.

Table 7: Guidelines for how health and other service providers respond to sexual assault victims

Jurisdiction and document title	Parties to guidelines	Applies to	Forensics and training
New South Wales: <i>Interagency Guidelines for Responding to Adult Victims of Sexual Assault</i> (2005)	NSW Police, NSW Health, NSW Office of the Director of Public Prosecutions (ODPP), NSW Rape Crisis, Multicultural Agencies and Aboriginal Services and Victims support agencies such as the Victims of Crime Bureau	Adult victims of sexual violence	NSW Health offers preventative and educational programs for workers and communities.  Forensic examination undertaken by Sexual Assault Services doctors/ NSW Health
Queensland: <i>Interagency Guidelines for Responding to Adult Victims of Sexual Assault Statewide Guidelines</i> (2002)	Queensland Health including public hospitals, GMOs, GPs and a network of specialist sexual assault services—government and NGO. Queensland Police Service Office of the DPP, also Department of Families, Department of Aboriginal and Torres Strait Islander Policy, Office for the Adult Guardian and Legal Aid Queensland.	Applicable within the context of non-consensual sexual activity between adults and apply to those victims aged 16 years and over.	GMO provides regular training to police on forensic and medical aspects of sexual assault and also to the DPP upon request. Sexual assault services also provide training. Forensics examiner is the Government Medical Officer (GMO).
South Australia: <i>Medical Care for Sexual Assault Victims Information</i> and forms provided to doctors by Yarrow Place (1999). There is an <i>Interagency Code of Practice for Child Abuse and Neglect</i> published in 2013.	(1999) Not specified but refers throughout to relevant professional organisations. Mainly inhouse type documentation except where relates to rural practitioners (2013) DPP, SAPOL, SA Health, Families SA, Attorney-General, Commissioner for Victim Rights, Child Protection Services	(2013) In South Australia, as defined by the <i>Children's Protection Act 1993</i> , a child means a person under 18 years of age.	(2013) SAPOL or Child Protection Services undertake interviewing firstly. Families SA can undertake further forensic interviews. Interagency Code lays basis for interagency training, mostly from SA Health.
Western Australia: <i>Management of Alleged Recent Sexual Assault: Information for Metropolitan Emergency Departments</i> (2003). <i>SARC Manual and local inter-agency protocols or agreements</i> for rural and remote (undated).	(2003) This document is a guide to metropolitan Emergency Departments (EDs) and their interaction with Perth SARC. The SARC has no ED facilities for medical, psychiatric or obstetric emergencies.  (undated) Department of Community Development	(2003) 13 years and over for medical and or forensic assessment if the alleged assault occurred less than 2 weeks ago. If the assault was more than 2 weeks ago and medical issues have been addressed, victim/survivors are referred to the 24-hour SARC counselling line.  (undated) All victim/survivors of sexual assault	(2003) Sexual Assault Resource Centre, Perth, organises training on a needs basis and according to calls from police for additional training. Forensic examination undertaken by SARC doctor.  (undated) Often a sole social worker at a hospital. SARC doctor can walk rural/remote doctor through process of forensic examination and forensic collection.

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Tasmania: Data has been difficult to collect.			
Victoria: <i>Standards of Practice for Victorian Centres Against Sexual Assault</i> (2015)	Victorian Institute of Forensic Medicine (VIFM), Victorian Centres Against Sexual Assault (CASAs), Royal Children's Hospital—Gatehouse Centre, Monash Medical Centre, Child Protection Unit, South Eastern Centre Against Sexual Assault (SECASA).	All victims of sexual assault and child sexual abuse	Training in responding to sexual assault is delivered by most Victorian CASAs by arrangement with local agencies and police in their regions. Forensic training is provided by VIFM and includes an academic program delivered through Monash University.
Northern Territory: A coordinated approach to better respond to Drug-Facilitated Sexual Assault in Darwin Urban (known as the "toxicology protocol"). Darwin urban area. (2004).	Health and Community Services (HACS), Sexual Assault Referral Centre (SARC), Ruby Gaea Centre Against Rape, Northern Territory Police, GPs  Emergency Department of the Royal Darwin Hospital (ED, RDH)  Australian Hotels Association Northern Territory (AHANT)	Children and adults	Provided by Darwin SARC. In respect of the "toxicology protocol" to CIB and new police recruits, Darwin hotel staff. Generally to CIB and new police recruits and Community Development training. Forensics undertaken by SARC rostered doctors, all of whom are women.
ACT: <i>Sexual Assault Reform Program</i> (2007)— <i>Wraparound process</i>	DPP, Australian Federal Police, ACT Justice and Community Safety Directorate, Canberra Rape Crisis Centre, Legal Aid, Forensic and Medical Sexual Assault Centre, Victims of Crime Coordinator	Adults	

Source: Adapted from Ollie, L. (2005).

## Preventing re-victimisation in a legal context

As with adult sexual assault, there have been increasing efforts to ensure that child victims of sexual abuse are not re-victimised. Research indicates that children who have been sexually victimised are at an increased risk of subsequent harm both in childhood and later on in adulthood (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010; Wall & Quadara, 2014). This has driven efforts to prevent re-victimisation. As Table 7 outlines, some Australian jurisdictions have specific teams for investigating child sexual abuse. Across many English-speaking countries (including Australia) it is now common to video or audio record children's interviews in cases of sexual abuse disclosure to police in order to prevent ongoing traumatisation (ALRC, 1997), and to allow these recordings to be admissible as evidence in the courtroom.

Research with victim/survivors and their experiences with the judicial system have indicated that encountering the following incidents during their trial have made their experience traumatic:

- being able to see the accused;
- being cross-examined by the accused (if they are self-representing);
- having traumatised questions asked of them;
- arduous tests of their credibility;
- having to give evidence multiple times;
- giving evidence in an open court; and
- the length of the trial process (Cashmore, 2007, 2008, 2014; Kennedy & Eastal, 2011).

Carmody's (2006) work with crisis centre advocates found that adult sexual assault victim/survivors were often frustrated when criminal cases did not progress even when prosecutors appeared to be caring for the victim and wanting the ideal outcome for the survivor and the case. In order to attempt to counter the negative experiences of victim/survivors, states and territories have introduced legislation to support victim/survivors based on government reviews.<sup>8</sup>

Table 8 gives the name of the original act in which the crime of sexual violence is dealt with, followed by legislative changes and amendments made that address the issues that victim/survivors have raised regarding their experiences in the courtroom.

Table 8: Sexual violence legislation and criminal justice evidence amendments

ACT	<p><i>Crimes Act 1900 (ACT)</i></p> <p>Original legislation covering sexual offences</p> <p><i>Sexual and Violent Offences Legislation Amendment Act 2008</i></p> <ul style="list-style-type: none"> <li>- Introduces allowances for audio or visual recording between police and the victim to be admissible as evidence for all sexual assault victims at committal hearing</li> <li>- Cross-examination of non-disabled, adult victims who are considered vulnerable to be kept to a minimum</li> <li>- Use of CCTV possible</li> <li>- Restrict the victim's view of the accused</li> <li>- Prohibit the cross-examination of a victim by a self-represented accused</li> <li>- Allow support people for victims to be present when presenting evidence</li> <li>- Closure of the court to the public in certain circumstances</li> </ul>
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<sup>8</sup> This literature review has considered government reviews conducted since 2005.

New South Wales	<p><i>Crimes Act 1900 (NSW)</i></p> <p>Original legislation covering sexual offences</p> <p><i>Child Protection (Offenders Registration) Amendment (Statutory Review) Act 2014</i></p> <ul style="list-style-type: none"> <li>- Expands list of offences that can be registered</li> <li>- Criteria created to decide if individual is a risk to children's safety</li> </ul> <p><i>Crimes Legislation Amendment Act 2014</i></p> <ul style="list-style-type: none"> <li>- Extends definition of attempted sexual assault</li> </ul> <p><i>Victims Rights and Support Act 2013</i></p> <ul style="list-style-type: none"> <li>- New victim support scheme</li> <li>- Approved counselling services</li> <li>- Financial assistance</li> </ul> <p><i>Crimes Legislation Amendment Act 2012</i></p> <ul style="list-style-type: none"> <li>- Expands category of offenders for sexual assault of child under special care</li> <li>- Extends definition of sensitive evidence to audio recordings</li> </ul> <p><i>Crimes (Sentencing Procedure) Amendment Act 2010</i></p> <ul style="list-style-type: none"> <li>- Court cannot take into account that offender is not allowed to work with children</li> <li>- DPP must show certificate that victim and police have been consulted re. charges negotiation with accused</li> </ul> <p><i>Criminal Procedure Amendment (Child Sexual Offence Evidence Pilot) Act 2015</i></p> <ul style="list-style-type: none"> <li>- Further provision for children giving of evidence in courts for sexual offences (operates till March 2019)</li> </ul>
Northern Territory	<p><i>Criminal Code Act 1983 (NT)</i></p> <p><i>Justice Legislation Amendment (Vulnerable Witnesses) Bill 2015</i></p> <ul style="list-style-type: none"> <li>- Currently debating to reduce the impact of court proceedings on vulnerable witnesses/ children</li> <li>- Based on <i>Little Children are Sacred</i> report (2007)</li> <li>- Allow pre-recording of evidence so they do not need to be in court</li> <li>- Apply across all courts in NT to cover all sexual offences</li> <li>- Unrepresented defendants cannot question the victim</li> </ul>
Queensland	<p><i>Criminal Code Act 1899 (QLD)</i></p> <p><i>Evidence (Protection of Children) Amendment Act 2003</i></p> <ul style="list-style-type: none"> <li>- Evidence of a child under the age of 16 years be taken in an environment that limits trauma</li> <li>- Limit the circumstances for when a child needs to present evidence in person at a committal hearing in court</li> <li>- Allow evidence to be pre-recorded</li> <li>- Allow evidence to be given via videolink</li> </ul>



	<p><i>Evidence Act 1977 (s 21A)</i></p> <ul style="list-style-type: none"> <li>- Under this Act sexual assault victims can be considered “special witnesses” who can give evidence via video or audio link if proceedings are likely to traumatise them</li> </ul>
South Australia	<p><i>Criminal Law Consolidation Act 1935 (SA)</i></p> <p><i>Criminal Law Consolidation (Rape and Sexual Offences Amendment) Act 2008</i></p> <ul style="list-style-type: none"> <li>- Tightening of rules regarding cross-examination of witnesses</li> <li>- Distribution of evidence restricted (e.g. in cases of explicit photographs) to prevent re-victimisation</li> </ul>
Tasmania	<p><i>Criminal Code 1924 (Tas.)</i></p> <p><i>Evidence (Children and Special Witnesses) Act 2001</i></p> <p>Allows for children and special witnesses to give evidence via audio visual linking, a support person, exclusion of people from the courtroom. A person may classify as a special witness if they:</p> <ul style="list-style-type: none"> <li>- have an intellectual, mental or physical disability</li> <li>- an inability to give evidence in the ordinary manner</li> <li>- have a relationship to any party in the proceedings that would cause the victim emotional trauma, intimidation or distress that would prevent them from giving evidence satisfactorily.</li> </ul>
Victoria	<p><i>Crimes Amendment (Sexual Offences and Other Matters) Act 2014 (Vic.)</i></p> <ul style="list-style-type: none"> <li>- Six distinct offences (rape; rape by compelling sexual penetration; sexual assault; sexual assault by compelling sexual touching; assault with intent to commit a sexual offence; threat to commit a sexual offence)</li> <li>- Sexual assault replaces indecent assault</li> <li>- New jury directions about consent: additions to directions about person withdrawing consent, or not giving clear consent</li> <li>- Accused belief in consent clarified</li> <li>- Intoxication of accused considered but kept to a high standard so as to not be used as an easy excuse</li> <li>- New charge to deal with failure to address repeated sexual offending</li> <li>- Clarification of laws around sexting</li> <li>- New offence of threatening to distribute intimate images</li> <li>- New offence of distributing intimate images without consent</li> </ul>
Western Australia	<p><i>Criminal Code Act Compilation Act 1913 (WA)</i></p> <p><i>Evidence Act 1906 (2003 Amendment)</i></p> <ul style="list-style-type: none"> <li>- Sexual history of victim could not be adduced or introduced for defendant</li> <li>- Sexual experience of the victim cannot be introduced</li> <li>- If evidence considered to cause emotional trauma then can be a special witness and give evidence via video</li> </ul>
Commonwealth	<p><i>Crimes Legislation Amendment (Law Enforcement Integrity, Vulnerable Witness Protection and Other Measures) Act 2013 (Cth)</i></p> <ul style="list-style-type: none"> <li>- Allows children and vulnerable witnesses to give evidence via video link</li> </ul>

	- Makes access for overseas witnesses of serious sexual crimes easier
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All jurisdictions have different laws around evidence of prior sexual experience of the victim. The leave of the court must be obtained in all jurisdictions except NSW to admit this evidence (in NSW the evidence can be admitted under certain circumstances (ALRC, 2010)). In Victoria, Tasmania, Western Australia and the Northern Territory, prior sexual relations between the victim and the accused cannot be introduced in evidence, and in the remaining jurisdictions recent sexual activity between the victim and the accused may be permitted in evidence (ALRC, 2010).

## Restorative justice

Increasingly jurisdictions in Australia and around the world have introduced restorative justice practices for adult sexual assault and child sexual abuse cases. According to Julich and Bowen (2015), restorative justice is the preferred alternative response to sexual offending for many victims, not to replace the adversarial system but to run concurrent to it in cases where the accused pleads guilty. Sexual violence service workers are of the opinion that the adversarial nature of the criminal justice system is not geared towards the needs of the victim (Julich, 2010) but restorative justice practices allow victims to have a voice and they are given a chance to articulate the effect that the offence had on them (Julich & Bowen, 2015).

Not all research is optimistic about restorative justice, as some are concerned that the risks for re-traumatisation are too high (Cossins, 2008). A meta-analysis of restorative justice programs for child sexual abuse and adult sexual assault found 15 programs attached to criminal justice systems and 29 programs independent of criminal justice systems worldwide (Bolitho & Freeman, 2016).

In Australia, there were two specific program linked to the criminal justice system. One was the New South Wales Pre-trial Diversion of Offenders program, also called “Cedar Cottage”, which was in operation between 1989 and 2014. The focus at Cedar Cottage was on restorative justice by bringing victim/survivors and their family members together with the offender. Although evaluated as being highly successful, the Cedar Cottage program was defunded in 2014 (Goodman-Delahunty, 2009, 2014; Goodman-Delahunty & O’Brien, 2014). The other Australian program was the South Australian Family Conferencing program. It is aimed at young offenders who plead guilty prior to sentencing and accept responsibility for their actions.

Of the 15 programs attached to criminal justice systems, 80% were found to meet the needs of victims and offenders in the aftermath of serious crimes (Bolitho & Freeman, 2016). Conditions for restorative justice being successful include:

- specialisation of facilitators, including skills, knowledge and experience of working with victim/survivors;
- vigilant use of screening (suitability of perpetrator for programs, not just eligibility);
- use of experts (in sex offending and the dynamics of violence);
- flexibility and responsiveness of participant needs;
- timing of the meeting is appropriate to victim/survivor readiness; and
- the offender receives targeted sex offender treatment (Bolitho & Freeman, 2016).

Table 9 includes the names of the 15 restorative justice programs linked to and/or mandated by the criminal justice systems. Table 10 lists a selection of sex offender treatment programs.

Table 9: Restorative justice practices linked to criminal justice systems

<b>Program</b>	<b>Jurisdiction</b>	<b>Offender/Victim participation</b>	<b>Offence types</b>	<b>Eligibility and referral</b>	<b>Point of contact</b>	<b>Regulation</b>
South Australian Family Conferencing	South Australia, Australia	Young offenders, victims invited	Sexual offences	Admission of guilt. Referrals made by police and youth courts	Pre-sentencing	<i>Young Offenders Act 1993</i>
Project Restore Specialist Sexual Violence Service	New Zealand	Adult or youth offenders, victim or victim advocates	Sexual offences with there being no concern of safety between victim and offender	Guilty plea at court. Offenders must be assessed for treatment and be treated if that is the outcome of the restorative justice. Police or court referral.	Pre and post-sentencing.	<i>Victims' Rights Amendment Act (2014), Ministry of Justice's Restorative Justice Standards for Sexual Offending Cases (2013)</i>
Community Holistic Circle Healing program	Hollow Water, Manitoba, Canada	Adult offenders and the victim(s)	Inclusive of adult and child sexual assault	Guilty plea at court	Pre-sentencing	N/A
Victim Offender Conferencing, Restorative Justice Unit, Corrective Services NSW	New South Wales, Australia	Adult offenders and victim must be in attendance	All forms of serious crime	Conviction, no outstanding court matters, still being actively managed by Corrective Services NSW (offender is either in prison or on	Post-sentencing	N/A

				parole). If the matter is a sex offence, offender must have completed sex offender program in prison. Referrals made by victims or offenders		
Cedar Cottage Pre-Trial Diversion Program (no longer operational)	New South Wales, Australia	Adult offenders, victims encouraged	Intra-familial CSA	Guilty plea at court. Agreement to undergo treatment	Pre-committal	New South Wales <i>Pre-Trial Diversion of Offenders Act 1985</i> (regulation lapsed in 2012 but can be reactivated by Attorney-General)
Family Group Decision Making Demonstration Project (no longer operating)	Newfoundland, Labrador, Canada	Offenders within a family structure, victims	Child neglect and CSA	Referred by child welfare, parole, youth corrections and probation staff	Pre-court	N/A
RESTORE (Responsibility and Equity for Sexual Transgression Offering a Restorative Experience) (no longer operating)	Arizona, USA	Adult offenders. Doesn't proceed without a victim	Felony and misdemeanour sexual offences	Offender accepts responsibility (but doesn't have to plead guilty). Referral via prosecutor	Pre-court diversion	N/A
Collaborative Justice Program	Ottawa, Canada	Adult or youth offenders. Victim must be in attendance.	Various crimes including sexual ones	Guilty plea. Referrals made by Victim/Witness Assistance Program, the Investigating Officer or the Crown	Pre and post sentencing.	N/A

				Attorney at court (or independent of court)		
Community Justice Initiatives Association's Victim Offender Mediation Program (VOMP)	British Columbia, Canada	Adult offenders and victims	Violent crime including sexual violence	Referrals made by offenders and victims	Post-sentencing, usually post prison	N/A
Restorative Opportunities	Canada	Adult offenders, victims or victim representatives	Violent crime including sexual violence	Offender takes responsibility. Referrals made by prison staff.	Post-sentence.	Correctional Service Canada Commissioner's Directive 785
Victim Offender Sensitive Dialogue	Texas and Ohio, USA	Adult offenders and victims	Violent crime including sexual violence	Offender admits guilt and takes responsibility. Referrals can only be made by victims.	Post-sentencing (in prison or afterwards)	Ohio—State of Ohio Victim Offender Dialogue Policy, Office of Victim Services (2014)
ACT Police Youth Diversion (subsumed into new scheme)	ACT, Australia	Young offenders, victims invited	Vary	Referred by police	Pre-sentence	N/A
Northern Ireland Youth Conferencing Scheme	Belfast, Northern Ireland	Young offenders, victims invited	Most offences, except offences with mandatory life sentences	Referrals made by court or prosecution	Pre-sentence	Justice (Northern Ireland) Act 2002
Mana Restorative Justice Program	New Zealand	Offenders, doesn't proceed without victim in attendance	Intimate partner violence	Guilty plea at court. Referral made by victim, offender, lawyer, court, police or judge	Pre-sentence	<i>Victims' Rights Amendment Act (2014)</i> , New Zealand Ministry of Justice's <i>Restorative justice Standards for Family Violence</i>

Circles of Peace	Arizona, USA	Offenders, victims invited	Domestic and family violence	Court-referred via sentencing	Post-sentencing	Arizona Department of Health Service policy
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Source: Adapted from Bolitho & Freeman (2016), pp. 22–24.

Table 10: A selection of sex offender treatment programs

Circles of Support and Accountability (Canada, USA, England)	Originally from Canada. Focus on community reintegration of offenders. Group therapy: one offender, five members of community. Results indicate that 70–83% lower chance of reoffending if COSA circle is strong (Finkelhor, 2009; Wilson, Cortoni, & McWhinnie, 2009). Currently under trial in South Australia.
Integrated Treatment (USA)	In-prison treatment—semi-structured, cognitive behavioural approach, emotional expression and regulation. Based on successful processes employed by therapists. Not evaluated.
Good Lives (Australia, Canada, New Zealand, Singapore, USA, UK)	Treatment for offenders. Offending is understood within a broader concept of unmet needs and frustrations of the offender. Focus is on building the offender's self-esteem, self-confidence and sense of hope. Works not only with sexual offenders but other serious crimes as well. Adult and youth offenders. Evaluations find it very successful.

Source: Adapted from Quadara et al. (2015).

## *Domain 4: Training and capacity building for services responding to child sexual abuse and adult sexual assault*

The majority of professional development, organisational and in-school training about sexual violence service provision and responding to disclosures of sexual abuse is offered by sexual assault services around Australia. This is similar to the situation internationally. Training in both Australia and around the world is offered for medical professionals (midwives, doctors, nurses), psychologists and counsellors, teachers, youth workers, support workers in government agencies and members of the public who may have victim/survivors as friends or relatives in need of their care (Eogan et al., 2013).

Services (such as police, medical and mental health) need to offer trauma-informed care to victims of sexual assault (adult and child); that is, to consider the sensitivities and vulnerabilities of individuals who have undergone a traumatic event or ongoing experience (Astbury, 2006; Ko et al., 2008; Plichta, Vandecar-Burdin, Odor, Reams, & Zhang, 2006; Wall, L., Higgins, D., & Hunter, 2016).. It has been argued that trauma-informed care needs to be offered as standard practice by health care professionals due to the unique position that they are in to recognise and identify victims of sexual assault even if an individual is not presenting for sexual victimisation services (Astbury, 2006).

While sexual violence services offer the training, research indicates that the uptake of the opportunity to receive training from sexual violence services can be irregular. Over 80% of emergency departments in the state of Virginia do not offer ongoing training for their doctors and nurses in forensic examination of sexual assault victims (Plichta et al., 2006), and more recent research indicates that only one-fifth of hospitals in the USA offer comprehensive care for sexual assault victims that would include offering appropriate forensic medical examinations and support following an attack (Patel et al., 2013).

A review of sexual assault management and practices in Western Australian hospitals found that doctors and nurses in remote and rural areas do not have training in forensic examinations, there are few culturally appropriate services available in hospitals, and often medical staff are unaware of how to deal with victims and sexual assault within the legal system (Jancey, Meuleners, & Phillips, 2011). Although sexual assault services are offering training for medical staff, nurses and doctors are reporting that they are not receiving any training, though they express that these training services are very beneficial to their ability to offer patients appropriate treatment when they do receive them (Maier, 2012; Patel et al., 2013; Plichta et al., 2006).

### **Training for police members**

Police service personnel receive education about sexual violence during their initial training, and there is increasing use of specialist investigation units across Australia to exclusively investigate sexual crimes. There has also been interest in, and in some cases the development of, interagency guidelines for work across sexual assault services and the police forces. Spiranovic (2011), however, has noted that there is still a lack of training regarding sexual assault and violence in the police forces of New South Wales, Victoria and the Australian Capital Territory. While training (which may not be identical for all teams within a jurisdiction) is available and ongoing for police personnel who are part of specialist child sexual abuse teams, there is a lack of training (or knowledge about whether training is available and what that training involves) for non-specialist personnel. Gaps in the training include a lack of sensitivity training (towards victims), and with interviewing and reporting skills (Spiranovic, 2011). Similar issues have been noted in Western Australia (Community Development and Justice Standing Committee, 2008).

Evaluations of the “whole of story” method of interviewing child sexual abuse victims, which is employed by specialist investigators of CSA in Victoria, are available with very positive research findings (Barnett, 2013). Evaluations of police sexual assault training are scarce



(Kinney, Bruns, Bradley, Dantzer, & Weist, 2007), with the majority of research available coming from the United States (Taylor, Bradley, Muldoon, & Norma 2012). Self-report studies from police officers in Boston noted that while they all remembered receiving sexual assault training during their time in formal training, they were told to forget this by supervisors and learn on the job (Stevens, 2006).

There appears to be no research information about the education and training of Australian police officers on adult sexual assault (Taylor et al., 2012). Work with both adult and child survivors of sexual assault has indicated that the term “complex trauma” perhaps better encompasses the range of symptoms and impacts of victimisation on an individual’s mental and physical wellbeing both in the short and long-terms (Briere & Spinazzola, 2005; Kezelman & Stavropolous, 2012; Quadara, 2015;).

### Trauma-informed training

Due to this, there has been increased attention on how to provide trauma-informed and trauma-specific training to services and their personnel who interact with victim/survivors. Mental health practitioners in Victoria, for example, note that while they are aware that they handle the cases of women who may have been sexually victimised, and they are aware of the long-term detrimental effects of sexual violence on survivors, they do not receive the training or support in sexual assault awareness to make them comfortable in talking to victim/survivors about their histories of sexual abuse (McLindon & Harms, 2011). Trauma-informed care has received greater support and attention in the USA and Europe to date, with it being very underdeveloped as a theory governing service provision in Australia (Quadara, 2015).

Trauma-informed care considers how the history and impact of trauma (or multiple instances of trauma) could be (and should be) used to inform the treatment the individual receives as well as how the individual is interacted with at organisational levels of all services they may seek out when receiving treatment (Quadara, 2015). Trauma-specific training and care, on the other hand, refers to the interventions used to treat the trauma (e.g. cognitive behavioural therapy, eye movement reprocessing and desensitisation). Being trauma-informed does not only mean that the service is aware of the history of sexual victimisation but rather that the entire organisation within which a service sits and operates out of (including management) is modified in lines with what is known about how the lives of survivors change following trauma, and how they may be triggered or re-traumatised by interaction with a service (Quadara, 2015; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015; Wall, Higgins, & Hunter, 2016). There are selected characteristics of services, organisations and institutions that are trauma-informed systems. Characteristics include:

- providing safety for the client from physical harm and re-traumatisation;
- an understanding of clients and their symptoms within the context of their life experiences, history, and cultures;
- open communication and collaboration between the service provider and the client throughout service delivery at all levels;
- focusing not on symptom management but on skill building;
- understanding how symptoms of trauma may be attempts to cope;
- viewing trauma not as a one-off event but a defining experience that permeates and can be the core of an individual’s identity; and
- focusing on what has happened to the client rather than what is “wrong” with them (Jennings, 2004).

It has been argued that all services, not only sexual assault services, should be trauma-informed, and that a level or history of trauma should be expected when interacting with individuals seeking services or where services are interacting with general members of the public (e.g., the police force) (Kezelman & Stavropoulos, 2012). It is estimated that at least 25% of children and adolescents experience at least one traumatic event during their lifetime (including accidents,

maltreatment, assault and violence) (Costello, Erkanli, Fairbank, & Angold, 2002) and this can have long-term consequences for many (Pynoos, Steinberg, Schreiber, & Brymer, 2006).

The effects of the traumatisation are often noticed within the school setting; however, it is individuals such as first responders (police, firefighters, paramedics) who may have the largest effect on diminishing the immediate effects of trauma when they encounter survivors (Ko et al., 2008). The effects of the trauma can also be mitigated in non-offending family members of the child by police officers who can understand and attend to the needs of victims and their family members (Ko et al., 2008). Service personnel who have received training about the needs of traumatised children are also able to provide links with the necessary health care professionals for the family more readily than those who are unaware of mental health and other trauma-specific services (Ko et al., 2008). This does not mean that the suggestion is for all service personnel (police, firefighters, medical staff in hospitals, teachers or mental health staff for instance) to be experts in the field of trauma but that there be enough training in place to make them aware of how to help traumatised individuals (for a description of the role and function of trauma-aware organisations and trauma-informed care, see Wall et al., 2016).

### Snapshot of sexual assault training programs

Table 11 outlines currently available training programs for individuals working in government and non-government funded organisations who want to receive training about sexual violence. The table also illustrates how trauma-informed practice is presented to certain services and why the training focuses on sexual violence trauma. Some programs claim to be trauma-informed and focused on helping individuals learn about trauma-informed care, others present information about sexual violence and the traumas associated with it.

As a point of note about the programs presented in Table 11, there is no publically available information on the program sites about evaluations or whether or not these programs represent “best practice”. The program operators may use the term “best practice”; however, they do so without indicating any evaluations of their programs, or what aspects of their programs represent “best practice”. Services that are not specifically sexual violence services or linked with sexual violence services offering training are not included in the table. Non-sexual violence services include ones such as the Lighthouse Foundation who are focused on youth and homelessness; they offer a variety of training programs that individuals working with sexual assault victims may be able to utilise. Some of these programs have been provided through the Royal Commission into Institutional Responses to Child Sexual Abuse. Training seminars are offered in areas such as:

- understanding complex trauma and trauma informed practices;
- a trauma-informed approach to understanding grief and loss;
- understanding and working with trauma-based behaviour;
- understanding psychosocial development;
- promoting a sense of belonging;
- therapeutic group process; and
- preventing vicarious trauma in the workplace.

Details included in Table 11 may not convey all of the currently available programs that sexual assault service providers offer to other service staff. The table is dependent upon freely available information via service and government agency websites. An indepth examination of currently available training programs would require communication with individual services to receive information about training they offer to service personnel.

The services listed below may receive government funding to run their programs (e.g., programs associated with NSW Health indicate that they are somehow government funded) but information is unclear. The training courses that are listed below are recurring workshops, seminars or other training opportunities offered by service providers or organisations. Organisations such as the Australian Association for Social Workers (AASW) and the Australian Community Workers Association (ACWA) offer numerous one-off training days for

professionals wishing to develop their skills; however, there is no guarantee that these will be repeated beyond a single session or into the future. For this reason they have been excluded from this table. Where organisations such as AASW and ACWA offer sexual assault or child sexual abuse specific training these tend to be organised and run by sexual assault services in the given state; for example, in Victoria it is CASA (Centres Against Sexual Assault) who run training sessions, and these are their recurring training sessions. The Australian and New Zealand Association for the Treatment of Sexual Assault (ANZATSA) will run training seminars throughout the year (for 2016 there is only one running according to their website). These courses will repeat and are sexual assault and child sexual abuse specific and therefore have been included below.

TEMPLATE

Table 11: Sexual assault service training

Name of program	Location	State	Type of sexual violence	Training type	Socio-ecological level	Settings of program	Populations targeted	Notes
Workforce Development Project	AUS	Vic.	SXA (adult)	Other	Individual	26 days of training on a range of topics per year	Sexual assault service personnel	Run by CASAs in Vic.
Various	AUS	Vic.	SXA/CSA	Crisis/ Other	Individual/ Organisational/ Community		Professionals in sexual assault and CSA services	ANZATSA (Australian and New Zealand Association for the Treatment of Sexual Abuse) presented. Workshops and conferences. Details on website: < <a href="http://www.anzatsa.org/index.php?page=Training_Events">www.anzatsa.org/index.php?page=Training_Events</a> >
Provision of medical care & forensic services to adults who have been raped or sexually assaulted	AUS	SA	SXA (adult)	Crisis	Individual	3-day training run by Yarrow Place	Medical personnel	Available to all doctors in Australia, 3 days of training with understanding context of SXA, medical issues including child protection, impacts of CSA on adults and DV, writing medico-legal reports, giving evidence in court, forensic aspects of SXA care, being an expert witness in court

Graduate Certificate in Developmental Trauma	AUS	Vic., NSW, NT, SA	CSA and child abuse	Other	Individual	22 face-to-face training days, individual participant support and application in the workplace	Professionals	Australian Childhood Foundation. Only nationally accredited vocational qualification dealing with trauma in Australia. Since 2010.
Therapeutic Modality Course: Dyadic Developmental Psychotherapy or Sensorimotor Psychotherapy	AUS	Vic./ NSW	CSA and child abuse	Other	Individual/ Family	DDP is an 8-day face-to-face course, with assessment. SPI is a 12-day face-to-face course.	Professionals working with children and their families/carers	Australian Childhood Foundation. SPI has three levels of courses available. DDP is a brain-based attachment model around the neuroscience of care giving and therapeutic parenting and care.
Stress and Trauma in Young Children	AUS	Vic.	CSA and child abuse	Other	Individual	Half-day workshop	Professionals working with children—Early childhood education and care	Australian Childhood Foundation. Focus on impact of trauma on brain development and understanding consequences of stress on children's cognitive, social and emotional development. Supported by Department of Education and Training Victoria. Offer 25 workshops in regional and metro areas per year.

SMART (Strategies for Managing Abuse Related Trauma)	AUS	SA, Tas., NT, & Catholic Education schools	CSA and child abuse	Other	Individual/ Organisational	Tailored to individual schools— programs schools participate in Action Research to measure impacts for children and YP	Schools— professionals and children	Australian Childhood Foundation. Operational for 6 years. Stated in conjunction with Indigenous Health Unit at Monash University and Child Abuse Prevention Research Australia. Individual counselling and support available for individual children and not just whole school community.
Organisation training	AUS	All	CSA and child abuse	Other	Individual/ Organisational	Workplaces	Organisations working with children	Australian Childhood Foundation. Each workshop is tailored to needs of organisation. Sessions can include information about neurobiology of trauma, infant experience of trauma, creative and therapeutic strategies for children affected by abuse, trauma assessment frameworks.

Recognising and responding to disclosures of sexual abuse	AUS	SA	SXA (adult)	Other	Individual/ Organisations	Training course	Service personnel	<p>From website: Equip participants with the knowledge, skills and attitudes necessary to provide appropriate responses to adults who have been raped or sexually assaulted. This involves an understanding of the context in which rape and sexual assault occurs; the ability to assess client needs and match them to services available; and supporting the rights of clients through the implementation of practices which promote client self-determination. Training and Education Seminars can be provided for organisations on site. Specific courses in Counselling, Trauma Informed Care, and Supporting Aboriginal Families and Communities are also offered on request.</p>
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Responding to Disclosures	AUS	Qld	CSA (child V/S)	Other	Individual	3-hour workshop	People who have contact with children	Bravehearts. From website: specifically designed to teach what steps to take when responding to a child who has experienced or may be at risk of experiencing child sexual assault. The workshop will provide participants with a brief overview of the nature of child sexual assault addressing myths and common misperceptions. Training will also cover emotional and behavioural indicators of harm, symptoms of the trauma associated with child sexual assault, offenders and offending behaviour. Half of the workshop's duration will be spent on how to best respond to a disclosure and the process of reporting to the relevant child protection authorities and the police.
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Responding to Disclosures: Teachers and Educators	AUS	Qld	CSA (child V/S)	Other	Individual	6-hour workshop	Teachers and those working in schools	<p>From website: This workshop is specifically tailored to teachers and child care educators designed to develop their skills in responding to a child who has experienced or may be at risk of experiencing child sexual assault. The workshop will provide participants with a brief overview of the nature of child sexual assault expelling the many myths surrounding the topic. It will go through some of the indicators of harm, other forms of childhood abuse and neglect and symptoms of childhood trauma. The workshop explores offenders and offending behaviours, including the grooming cycle and risk factors associated with at-risk children. A large portion of the training is spent on how to appropriately respond to a child's disclosure and the process of reporting to the relevant child protection authority and the police.</p> <p>In addition one module of the training covers age appropriate sexual development (up to and including 12 years) and what can be defined as problem sexual behaviour in children. Finally, the training concludes with an overview of the 13-piece "Ditto in a Box" preventative education program that makes "being safe" simple to teach in a classroom or child care environment and other resources that are available from Bravehearts to educators working with children. This workshop is extremely interactive and encourages group participation, discussion and resources to utilise within school or child care environment.</p>
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Responding to Disclosures: Foster carers and support workers	AUS	Qld	CSA (child V/S)	Other	Individual	7-hour workshop	Foster carers	In addition to teachers and educators workshop it also deals with vicarious trauma. Also for youth workers, residential care workers
Practitioner workshop— working with Child Sexual Assault	AUS	Qld	CSA (child V/S)	Other	Individual	2-day workshop	Psychologists, social workers	Content as of other Bravehearts workshops for teachers, carers and parents.
Online training	AUS		CSA (child V/S)	Other	Individual	Online	Foster carers, psychologists, teachers, social workers	Content as of other Bravehearts workshops for teachers, carers and parents.
Child sexual assault for Aboriginal Workers	AUS	NSW	CSA (child V/S)	Other	Individual/ Community	3-day course	Aboriginal workers from government and community sectors	From website: There will be opportunities to yarn about the complexity of dealing with this issue in community as well as working in a culturally safe way that places child protection at the centre of the work. Focus on understanding offenders and how they interact with families, resp. of different agencies, identify indicators and effects of CSA in Aboriginal communities.
The sexual assault of Aboriginal boys & men: A 3-day workshop	AUS	NSW	SXA (adult)	Other	Individual/ Community	3-day course	Aboriginal and non-Aboriginal workers helping and supporting Aboriginal men and boys	To learn about the range of issues experienced by Aboriginal boys and men who have been sexually assaulted

JIRT Aboriginal Community Engagement Workshop—What to do if a child discloses sexual abuse	AUS	NSW	CSA (child V/S)	Other	Individual/ Community	Workshop	Aboriginal workers, Aboriginal community members, non-Aboriginal workers working within Aboriginal communities	Only requestable by JIRT workers via their subcommittees. Includes information about dealing with disclosures, facilitating the disclosure process and what's involved in JIRT investigations
Interpreting for people who have experienced sexual assault	AUS	NSW	SXA (adult)	Other	Individual	2-day workshop	Interpreters	Workshop for interpreters to have an understanding around sexual assault and its effects on the victim, how to maintain professional boundaries, impact it may have on interpreters and working with healthcare professionals in this area. Can only be completed once prerequisite is met— completion of the course Interpreting for people who have experienced domestic violence
Putting child protection on the radar: A course for NSW Health sexual assault workers	AUS	NSW	CSA (child V/S)	Other	Individual	3-day workshop	SXA service workers	To help SXA service workers recognise other forms of child abuse and neglect in children who are presenting at sexual assault services in NSW and whether parents/caretakers are also living with the same abuse

10355NAT Graduate Certificate in Medical & Forensic Management of Adult Sexual Assault	AUS	NSW	SXA (adult)	Crisis	Individual	Course. Face to face and blended learning	Doctors and nurses	Graduate certificate course to learn the skills and knowledge to provide forensic care to adult victims of sexual assault. Aimed to meet the needs of rural practitioners
Introduction to the medical and forensic management of adult sexual assault	AUS	NSW	SXA (adult)	Crisis	Individual	4 virtual classroom workshops	Doctors and nurses	Aimed at basic or beginner level practitioners. It is for medical practitioners who may be called upon to perform a forensic medical examination of adult SXA victims.
Medical management of adult sexual assault	AUS	NSW	SXA (adult)	Crisis	Individual	One day face to face	Medical personnel working with NSW SAS	Medical and legal aspects of the role are covered, forensic examination, what is to be in a statement, and role as expert witness
Utilising a trauma-informed framework in responding to child and adult sexual assault for mental health professionals	AUS	NSW	SXA (adult)/ CSA	Other	Individual	3-day face-to-face workshop	Mental health staff (incl. medical, nursing, social work, occupational), case managers, community mental health workers, workers of psychiatric hospitals and accommodation services	Interactive learning experience across disciplines that acknowledges the significant prevalence of sexual assault trauma in the lives of mental health consumers. This course is both knowledge and skills based.

Implementing safety from sexual assault and harassment in adult mental health inpatient units	AUS	NSW	SXA (adult)	Other	Individual	1-day workshop	Mental health staff and those working in acute inpatient facilities	Focus on the promotion of safety, the prevention of sexual assault as well as best practice in responding to disclosures of SXA when they occur in inpatient facilities. How to minimise re-traumatisation
Implementing safety from sexual assault and harassment in adolescent mental health inpatient units	AUS	NSW	CSA	Other	Individual	1-day workshop	Mental health staff working in child and adolescent mental health facilities	Focus on the promotion of safety, the prevention of sexual abuse as well as best practice in responding to disclosures of SXA when they occur in inpatient facilities. How to minimise re-traumatisation
Adult and child sexual assault for consumer support workers	AUS	NSW	SXA/CSA	Other	Individual	3-day workshop	Consumer support workers employed by NSW Health	Focus on the promotion of safety, the prevention of sexual abuse as well as best practice in responding to disclosures of SXA when they occur in inpatient facilities. How to minimise re-traumatisation
Part 1 NSW Health specialist sexual assault services training	AUS	NSW	SXA/CSA	Other	Individual	5-day workshop/ 3-weekly programs scheduled over the year to allow time between training to integrate new learning into practice	Counsellors employed by NSW Health sexual assault services	Comprehensive introduction to working with people who have been sexually assaulted. Incl. socio-political context of SXA, interagency functioning, legal issues, crisis intervention, therapeutic approaches

Part 2 NSW Health specialist sexual assault services training	AUS	NSW	SXA/ CSA	Other	Individual	5-day workshop/ 3-weekly programs scheduled over the year to allow time between training to integrate new learning into practice	Counsellors employed by NSW Health sexual assault services	Focus on follow-up counselling skills required in SXA work
Part 3 NSW Health specialist sexual assault services training	AUS	NSW	SXA/ CSA	Other	Individual	5-day workshop/ 3-weekly programs scheduled over the year to allow time between training to integrate new learning into practice	Counsellors employed by NSW Health sexual assault services	Intensive focus on mental health, disability, working with Aboriginal communities, families with cumulative trauma, and male sexual assault
JIRT Foundations skills courses	AUS	NSW	SXA/ CSA	Other	Individual	2-week course delivered by NSW family and community services, NSW Health and NSW Police	JIRT senior health clinicians, other health workers who offer a JIRT response	JIRT = Joint investigation response team. Primary focus is on the preparation and implementation of the investigative interview. Does not qualify health clinicians to interview but gives them insight into process
Practice forum: Working with children under 10 with sexually harmful behaviours	AUS	NSW	CSA	Other	Individual	2-day course	Those with current clinical experience in working with children with problematic sexualised behaviours and their families	Develop case plans and specific ways of addressing issues for the child and their family. Interactive workshop with role playing and case presentations

Working therapeutically with children & young people who have experienced child sexual assault	AUS	NSW	CSA (child V/S)	Long term	Individual	3-day course	Frontline workers and counsellors working with children and young people who have experienced CSA and other forms of abuse	Builds upon basic understanding of CSA. Counselling process is explored and ways in which to assist children and young people move away from effects of sexual assault
Sexual assault in the correctional environment	AUS	NSW	SXA/CSA victimisation	Long term	Individual	2-day course	Justice health workers	Information about incidence of CSA and SXA and effects on individuals whether abuse happened as children or adults. Invited to explore how to implement this into their current work and how to manage issues that arise related to the management of sexual assault
Working with sexual assault: A course for NSW Health CPCS workers	AUS	NSW	SXA/CSA victimisation	Long term	Individual/ Families	3-day course	NSW Health child protection counselling services workers	Children and young people engaging with CPCS workers may be victims of CSA and dealing with effects, as may parents and carers of these children, which may influence their parenting. Focus on incidence of CSA and links with parenting of adult V/S of CSA, how to respond to disclosures (whether recent or historical). Invited to explore application of these learnings to current case practices

Foundations of working with adults sexually assaulted as children	AUS	NSW	CSA (adult V/S)	Long term	Individual	3-day course	NSW Health workers, counsellors in non-government organisations and counsellors in private practice	Core knowledge for those responding to adults who were sexually abused as children. Link between childhood victimisation and life-course dynamics, how to work on safety, trust and engaging the client in counselling
Who can a man tell? Working with men who have been sexually assaulted	AUS	NSW	SXA/ CSA	Long term	Individual	3-day course	Health, welfare counsellors and other support staff working with men	CSA victimisation and dominant social structures of masculinity. Coping strategies and problems as an adult. Therapeutic approaches, workers explore gender issues that may arise out of their work with male clients
Responding to people with a disability who have been sexually assaulted	AUS	NSW	SXA/ CSA	Long term	Individual	3-day course	Sexual assault, child protection, disability and general practitioners	Current counselling practices for children and adults with mental and physical disabilities who have been sexually assaulted, working with the network of people around the V/S and the role of prevention. Vicarious trauma of staff
Overview of dialectical behaviour therapy (DBT) in responding to people with complex trauma	AUS	NSW	SXA/ CSA	Long term	Individual	1-day course	Counsellors employed by NSW Health sexual assault services and their interagency partners	Theoretical underpinnings of DBT— biosocial theory and application to trauma work. Prerequisite is NSW Health specialist SXA services training



Holding the frame: advanced therapeutic work with adult survivors of child sexual assault	AUS	NSW	CSA (adult V/S)	Long term	Individual	3-day course	Counsellors providing therapeutic services to adults	Psycho-dynamically informed framework working with adult survivors of CSA. Traumatic responses to CSA in adulthood. Prerequisite is completion of adult survivors of CSA training
Group work with adults sexually assaulted as children	AUS	NSW	CSA (adult V/S)	Long term	Individual	2-day course	Counsellors working with adults who have been sexually assaulted as children	Group work theory and relevance to adult survivors. Group work models used with V/S, skills in program design, session planning and responding to different situations. Prerequisite is completion of adult survivors Of CSA training
In the shadow of the offender	AUS	NSW	CSA (child V/S)	Crisis	Individual/ Families	3-day course	NSW Health workers, counsellors in non-government organisations and counsellors in private practice	To help mothers of children who have been sexually abused to help connect with their children and believe them. Focus on dynamics of offender that can divide the mother from the child and her networks. Help build the relationships between non-offending family members and the child

Working therapeutically with children & young people who have experienced sibling sexual assault	AUS	NSW	CSA (child V/S)	Crisis	Individual/ Families	3-day course	Counsellors working with children and young people who have experienced sibling sexual abuse. NSW Health workers only	Prerequisite is completion of Trauma Informed Care Course that includes CSA. Focus on dynamics of SSA and divided loyalty in family. Therapeutic considerations discussed— options for removal or therapy with family. Support for family also a focus. Interagency challenges, best practice responses when working in a collaborative way
Working with families around sexualised behaviours of their children (aged under 10)	AUS	NSW	CSA	Other	Individual/ Families	3-day course	Counsellors employed by NSW Health in SAS, CPSC, child and family teams, Child and Adolescent Mental Health Services	Sexual development of children, link between behaviours and child protection concerns, trauma-informed framework for assessment and ongoing work, ecological model, collaboration amongst agencies. Prerequisite is completion of CSA or child abuse course
Sexual assault for Victims Services staff	AUS	NSW	SXA (adult)	Other	Individual	- day course	Victims Services staff	Community attitudes about SXA and effects this has on victims; dynamics of SXA and offender tactics; short- and long-term outcomes for victims and how to use this information when responding to victims who contact Victims Services

Unveiling Shame: Therapeutic practices with children, YP, and adults impacted by shame, a legacy of violence and abuse	AUS	NSW	SXA & CSA	Other	Individual	2-day course	Counsellors employed by NSW Health, non-government organisations working with children, YP and adults in relation to SXA, DV, CSA and child abuse and neglect	Explores burden of shame carried by victims; clinical perspectives that reveal shame's existence, connection to the dynamics and legacies of abuse and ongoing effects
Responding with Compassion	AUS	NSW	SXA (adult)	Other	Individual	1 to 3 hours	Frontline staff in health and welfare services to respond when someone discloses	Rape and Domestic Violence Services Australia. Myths and realities of SXA; SXA incidences; dos and don'ts of SXA responses. Length of session depends upon what individuals choose. Not training in SXA counselling
Complex Training	AUS	NSW	SXA (adult)	Other	Individual	4 hours	SXA frontline workers	Rape and Domestic Violence Services Australia. Designed to assist those who work with traumatised people to understand these symptoms, and to develop effective ways of responding to the challenging behaviours.
Understanding Vicarious Trauma—Workshop 1	AUS	NSW	SXA	Other	Individual	4 hours or 7 hours	Frontline and other staff to help them respond to vicarious trauma	Rape and Domestic Violence Services Australia. Training available on arrangement.

Responding Vicarious Trauma—Workshop 2	AUS	NSW	SXA	Other	Individual	4 hours or 7 hours	Frontline and other staff to help them respond to vicarious trauma	Rape and Domestic Violence Services Australia. Training available on arrangement. Prerequisite is Workshop 1
Supervising the management of Vicarious Trauma	AUS	NSW	SXA	Other	Individual	4 hours	Frontline and other staff to help them respond to vicarious trauma	Rape and Domestic Violence Services Australia. Training available on arrangement. Prerequisite is Workshop 1. For making effective strategies for managing vicarious trauma in the workplace
Crisis intervention for traumatised people	AUS	NSW	SXA	Crisis	Individual	1-day course	Counsellors	Rape and Domestic Violence Services Australia. To assist counsellors use the crisis intervention model of RDV to respond to clients in crisis
Trauma Specialist Counselling	AUS	NSW	CSA (adult V/S)	Long term	Individual	10 days	Telephone counsellors	Rape and Domestic Violence Services Australia. Building capacity of counsellors to help respond to those affected by Royal Commission in the short, medium and long term
Telephone Counselling	AUS	NSW	SXA (adult)	Crisis	Individual	1 or 2 days	Telephone counsellors	Rape and Domestic Violence Services Australia. Building capacity of counsellors who are telephone counsellors. Minimum 3 years of experience counselling. Degree in psychology, social services needed

Working with children who have experienced sexual assault	AUS	Vic.	CSA (adult V/S)	Long term	Individual	1-day course	Those working with adults who were victims of CSA	Long-term impact of CSA; working therapeutically with issues like guilt and self-blame. Prerequisite is Responding to disclosures of CSA
Working with the impacts of sexual assault	AUS	Vic.	SXA	Long term	Individual	2-day course	Those working sexual assault survivors	Those who work with men and women who have been sexually assaulted and abused, explore trauma-informed frameworks
Competent responses to Aboriginal sexual and family violence	AUS	NSW	SXA/CSA	Long term	Individual/ Family	3-day course	Non-Aboriginal workers in CPSC, sexual assault, drug, DFV, women's health,	Learning to reflect on concepts of white privilege; how to develop culturally sensitive case work. Completion of 2 days training on CSA/ SXA
Schema Therapy—SARC	AUS	WA	CSA	Other	Individual	2-day course	People working in volunteering in government, non-government and private organisations	Applying schema model therapy for people who experience CSA. Schema therapy to treat personality disorders, as well as complex and ongoing mental health issues.
Counselling skills in working with adolescents who have experienced trauma—SARC	AUS	WA	CSA	Other	Individual	1-day course	Nurses, pastors, school counsellors, teachers, youth workers, allied health workers	How trauma affects youth and young people
Responding to Disclosures Self Care and Vicarious Trauma for Workers—SARC	AUS	WA	SXA	Crisis	Individual	1-day course	Aboriginal workers	How to respond effectively to disclosures and dealing with vicarious trauma

Basic Trauma Counselling— SARC	AUS	WA	SXA/CSA	Other	Individual	1-day course	People working in volunteering in government, non-government and private organisations	Interactive workshop to provide overview of theoretical underpinnings of trauma work and strategies for use in trauma counselling
Imagery rescripting— SARC	AUS	WA	CSA	Other	Individual	1-day course	Unknown	Use of imagery rescripting to treat childhood related PTSD and use of schema therapy
Vicarious Trauma and Self Care for Workers—SARC	AUS	WA	SXA/ CSA	Other	Individual/ Organisations	1-day course	Workers in sexual assault services	
Advanced Trauma Practice:Incorporating a Somatic Approach— SARC	AUS	WA	SXA/ CSA	Other	Individual	2-day course	Mental health professionals	Knowledge in working with complex trauma, common issues for people with CSA/SXA.
SARC Presentations	AUS	WA	SXA/ CSA	Other	Organisations	1 hour	Workplaces	For women's health workers, counselling services; custom workshops for DV/FV workers
Emergency Management of Sexual Assault— SARC	AUS	WA	SXA/CSA	Crisis	Organisations	1/2 day training	Doctors and nurses	Management of adolescents and adults following a sexual assault
Emergency Management of Sexual Assault: Regional and Remote Workers— SARC	AUS	WA	SXA/CSA	Crisis	Organisations	1-hour video conference	Doctors and nurses	Management of adolescents and adults following a sexual assault who present at regional hospitals

Clinical Forensic Training—SARC	AUS	WA	SXA/CSA	Crisis	Organisations	3-day course	Doctors and nurses, midwives	Skills and knowledge for medical staff on forensic examination, injury documentation, collection of forensic specimen for recent sexual assault
Forensic Nurse Refresher Video Conference—SARC	AUS	WA	SXA/CSA	Crisis	Organisations	1.5-hour video conference	Nurses	For nurses who have done the 3-day forensic training to refresh knowledge. Discussion of real cases
Living Well	AUS	QLD	CSA	Other	Individual	1-day workshop	Workers who may interact with men who have been victims of CSA	Organisation is Living Well. One-off workshops.
Trauma Informed Care—ASCA	AUS	NSW	CSA (adult V/S)	Other	Individual	1-day workshop	Workers in medical environment, lawyers, employment services, housing, disability	Information and skills needed by workers in service settings
Trauma Informed Care—ASCA	AUS	NSW	CSA (adult V/S)	Other	Organisations	Half day	Anyone working in organisations incl. volunteers, administration, counsellors	
Trauma Informed Care—ASCA	AUS	NSW	CSA (adult V/S)	Other	Individual	Half day	Managers in community mental health settings	
Trauma Informed Care—ASCA	AUS	NSW	CSA (adult V/S)	Other	Individual	1-day course	For Aboriginal and Torres Strait Islander workers	Types and effects of trauma in ATSI community

Supporting Adult Survivors of Complex Trauma—ASCA	AUS	NSW	CSA (adult V/S)	Other	Individual	1-day course	Health professionals	Recent research and clinical best practice focus during workshop to work with adult survivors
Working therapeutically with people who have complex trauma histories—ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	2-day course	Health professionals	To develop safe and trusting relationships with adult survivors; research evidence and practices that may be most appropriate showcased
Identifying and responding to adult survivors of childhood trauma including abuse—ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	2 hours	Primary care practitioners	GPs and nurse practitioners—research based on ASCA guidelines for treatment of complex trauma
Trauma informed clinical supervision for clinical supervisors—ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	Half day	Counsellors and psychologists	Dealing with complex trauma
Safeguarding yourself: Recognising and responding to Vicarious Trauma—ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	1-day course	Health professionals, DV workers, case workers, disability workers, police, emergency workers	Recognise the early signs of vicarious trauma—dynamics and risk of vicarious trauma and minimising the trauma
Educational workshop for carers, partners, friends and family of survivors of CSA—ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	1-day course	Non-offending family and carers of survivors	Understand the effects of CSA on individuals and relationships



Educational workshop for adults who have experienced childhood trauma and/or abuse— ASCA	AUS	NSW	CSA (adult V/S)	Long term	Individual	1-day course	Victim/survivors	Understand the effects of CSA on individuals and relationships
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TEMPLATE

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TEMPLATE



**Australian Federal Police (ACT Policing)**

**and**

**The Victims of Crime Commissioner**

**Memorandum of Understanding**

**relating to Victims of Crime in the Australian  
Capital Territory**

# **Australian Federal Police and Victims of Crime Commissioner Memorandum of Understanding relating to victims of crime in the ACT**

## **1. Parties**

1.1 The parties to this Memorandum of Understanding (MOU) are the:

- Australian Federal Police (AFP)
- Victims of Crime Commissioner (VoCC)

## **2. Purpose**

2.1 This MOU:

- sets out the agreement between the AFP and VoCC confirming their commitment to work collaboratively to ensure that victims of crime are appropriately acknowledged, protected, informed and supported in accordance with the *Victims of Crime Act 1994*(ACT) and supersedes all prior agreements, representations, understanding and negotiations (either written or oral) with respect to such subject matter;
- establishes guidance for collaboration to better fulfil the obligations of the governing principles in relation to the treatment of victims, under the *Victims of Crime Act 1994* (ACT); and
- establishes guidance for communication and information sharing to fulfil the requirements as set out in the *Victims of Crime (Financial Assistance) Act 2016* (ACT).

2.2 The parties agree to work together to:

- provide consistent and timely information to victims about access to services, their rights and entitlements;
- review the referral process for victims of crime in the ACT with a view to enhancing existing arrangements (see Annex A);
- enhance the information exchange arrangements between parties; and
- develop strategies to address concerns relating to victims of crime in the ACT promptly and effectively.

2.3 Nothing in this MOU is intended to create a legally binding relationship between the parties.

## **3. Interpretation**

3.1 Unless a contrary intention is stated, the acronyms and terms used in this MOU have the following meanings:

**AFP** Australian Federal Police.

<b>Annex</b>	A document authorised by both parties to add information or process to this MOU made in accordance with this MOU, and includes Annex A and Annex B to this MOU.
<b>CPO</b>	Chief Police Officer for the ACT.
<b>MOU</b>	Memorandum of understanding.
<b>Personal Information</b>	Means information or an opinion (including information or an opinion forming part of a database and whether or not recorded in a material form) about a victim whose identity is apparent or can be reasonably be ascertained from the information or opinion.
<b>Victims of Crime Commissioner</b>	Includes VS ACT staff assisting the VoCC to meet their functions under the <i>Victims of Crime Act 1994</i> and the <i>Victims of Crime (Financial Assistance) Act 2016</i> .
<b>VS ACT</b>	Victim Support ACT.
<b>VLO</b>	Victim Liaison Officer.

#### 4. Roles of the parties

- 4.1 The AFP is responsible for the provision of policing services to the ACT via ACT Policing, section 8 of the *Australian Federal Police Act 1979* (Cth) and the arrangements authorised under section 8(1A) of that Act.
- 4.2 Police in the ACT are a key gateway for victims of crime to access services and assistance. ACT Policing has partnerships with services including VS ACT in areas including family violence and sexual assault that ensure victims have ready and rapid access to support.
- 4.3 The VoCC is an independent statutory appointment of the ACT Government. The position is established pursuant to section 7 of the *Victims of Crime Act 1994*.

The VoCC's functions are outlined in S.11 of the *Victims of Crime Act 1994*. With respect to this agreement the specific functions of the Commissioner are to:

- Advocate for the interests of victims;
- Monitor and promote compliance with the governing principles;
- Ensure that concerns and formal complaints about non-compliance with the governing principles are dealt with effectively and promptly;
- Ensure the provision of efficient and effective services for victims;
- Consult on and promote reforms to meet the interests of victims;
- Develop educational and other programs to promote awareness of the interests of victims (including training);

- Ensure that victims receive information and assistance they need in connection with their involvement in the administration of justice; and
- Encourage and facilitate cooperation between agencies involved in the administration of justice with respect to victims.

4.4 VS ACT provides information, support, advocacy and assistance with access to justice as well as rehabilitation and recovery services. The VoCC is responsible for delivery of services provided by VS ACT.

4.5 The VoCC is the decision maker for applications made under the *Victims of Crime (Financial Assistance) Act 2016*. The Financial Assistance Section liaises with applicants, assesses applications and undertakes internal reviews.

## 5. Duration

5.1 This MOU will commence on the date the last signature is affixed, and operate until terminated in accordance with clause 14 of this MOU.

## 6. Annexes

6.1 This MOU establishes the framework for the relationship between the parties. Annexes relating to specific areas of operation may be developed by the parties and will form part of this MOU when agreed in accordance with this clause.

6.2 An annex is taken to be agreed under this MOU if it is signed by both the CPO and the VoCC.

6.3 An annex becomes effective from the last date of signing unless expressly stated otherwise in the annex, and will operate until terminated in accordance with the termination provision in that annex.

6.4 All annexes cease effect from the date this MOU is terminated in accordance with clause 14.

## 7. Information exchange

7.1 The parties will exchange information relevant to meeting the objectives of this MOU (see Annex B).

7.2 The parties will exchange information pursuant to this MOU in accordance with relevant Australian law relating to privacy and secrecy including but not limited to:

- *Australian Federal Police Act 1979* (Cth) section 60A;
- *Privacy Act 1988* (Cth);
- *Crimes (sentencing) Act 2005* (ACT) section 136; and
- *Victims of Crime Act 1994* (ACT) section 29.
- *Victims of Crime (Financial Assistance) Act 2016* (ACT) section 40

- 7.3 The parties will protect any information provided by the other party from unauthorised access or disclosure.
- 7.4 The parties will comply with any conditions, restrictions or caveat imposed by the other party in respect of the handling or disclosure of information unless required by law.
- 7.5 An employee of either party authorised to have access to information or intelligence under this MOU may not record, divulge or communicate such information except in the performance of the employee's official duties and for the purposes for which the information was provided.
- 7.6 The parties will not disclose information obtained under this MOU to a third party without the written consent of the information provider or unless required by law.
- 7.7 This clause 7 will survive the expiration or termination of this MOU.

## **8. Protection of Personal Information**

- 8.1 The parties agree to:
- Use personal information held or controlled in connection with this MOU only for the purpose of fulfilling their obligations under this MOU;
  - Take all reasonable measures to ensure that personal information in their possession or control in connection with this MOU is protected against loss and unauthorised access, use modification or disclosure;
  - Cooperate with any reasonable demands or enquiries made by the other party; and
  - Comply in so far as practicable with any policy guidelines laid down by either party.

## **9. Communication, policy and media strategy**

- 9.1 The parties agree that maintaining open lines of communication is essential to maintaining an effective relationship. Accordingly the Deputy Chief Police Officer (Crime) and the Victims of Crime Commissioner agree to meet regularly to review the process and identify areas for development under the terms of this MOU.
- 9.2 Parties will consult with one another on briefs to Ministers on operational matters relating to both parties. The parties agree to communicate on policy positions where possible however briefs to Ministers on issues may be made separately.
- 9.3 Where appropriate, each party agrees to consult the other party on any proposed legislative changes that may have impact on the other party before seeking approval for the proposed legislative change from Ministers.



- 9.4 Both parties acknowledge that media releases will attract attention. Parties will consider the impact that a media release may have on the other party and will work to inform the other party as to when issues are to be raised in the media. Both parties will establish a commitment to communication around joint media releases.

## 10. Information materials and Training

- 10.1 Where appropriate, each party agrees to provide access to written materials within each agency in relation to services pertaining to victims of crime with the view of ensuring information is relevant and current.
- 10.2 Parties will seek comment, review and/or assistance on information materials to be produced relating to victims of crime that may include information relevant to the party.
- 10.3 Parties agree to participate in mutual training exercises on their respective roles and/or organisations or an agreed subject for any training organised by the other party and deemed relevant and feasible. These include, but are not limited to:
- AFP recruit training;
  - VS ACT Volunteer program training; and
  - Training delivered to General Duties officers.

## 11. Legal and financial liabilities

- 11.1 This MOU does not establish any legal liabilities between the parties. Any legal liability arising from action under this MOU will be dealt with according to law, legislation and/or other instruments intending to establish a legal relationship.
- 11.2 The parties will liaise with each other over any legal liabilities or other legal issues arising from action under this MOU.

## 12. Dispute resolution

- 12.1 For any matter in relation to this arrangement that may be in dispute between the parties, the parties will attempt to resolve the matter at the workplace level, including, but not limited to:
- the parties or their representatives meeting and conferring on the matter
  - if the matter is not resolved at such a meeting, the parties arranging further discussions involving more senior levels of management conferring on the matter until such time as the matter is resolved

1. [Faint, illegible text]

2. [Faint, illegible text]

3. [Faint, illegible text]



5/16/19



5/16/19



## **Annex A - Referrals**

In most cases police will refer victims to VS ACT through the SupportLink electronic referral service.

In cases where the victim is deceased as a result of crime, and the Informant or Victim Liaison Officer believes a referral needs to be made urgently or directly to VS ACT, that person will contact the Early Intervention Team, Victim Services, and advise the following:

- the deceased person's details including, but not limited to, name, gender, and age;
- the basic details of the family of the deceased person;
- details of the family members who have accepted a referral including, but not limited to, name, gender, age, address and contact details;
- basic details in relation to the alleged crime to enable informed support (eg. Homicide, negligent driving occasioning death etc);
- details of any meetings with the family that police require Victim Services staff to attend; and
- any information regarding the alleged offender, charges and criminal proceedings.

There may be other cases that require a direct referral from the AFP to VS ACT and these will be considered on a case by case basis. These referrals will be made to the Early Intervention Team at VS ACT. Where a direct referral is made the referral will include;

- name, date of birth and contact details of the victim
- offence type
- details of best time to contact victim, and whether a message can be left; and
- type of assistance (if known) required by the victims.

In all cases of a direct referral being received by VS ACT, they will provide feedback to ACT Victims of Crime team as well as the person who made the referral (generally the Informant or VLO), as soon as is practicable. The feedback will include:

- details of contact made;
- status of the contact with the VSACT;
- cessation of any contact with VSACT
- any concerns held for the victims safety and wellbeing;
- any other information the client consents to.

Information can be sought by both parties in relation to the status of a matter and any of the above information at any other time under the guidelines and for the purpose of the MOU.

Any other issues regarding feedback about operational matters or systemic processes from VS ACT to ACT Policing should be directed to the Team Leader Victim of Crime Team.

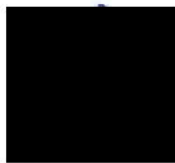
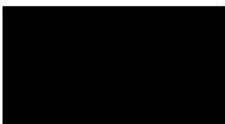


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**Initiatives For Women In Need (IWIN)**  
**Canberra Tamil Women's Forum (CTWF) & Multicultural HUB (MHUB)**  
Jointly Present

# Build RESILIENCE Against VIOLENCE



**Saturday 30 January 2021**  
**1:30pm – 4:00pm**

Yowani Country Club, 455 Northbourne Av  
Lyneham, ACT 2602

Free Parking and Entry with Light Refreshments

- Interactive Panel Discussion by Experts
- Talks on COVID Impacts & Support Services
- Cooking Demonstration
- Registration is Mandatory, following COVID restrictions

**RSVP by 27 January to:** [redacted]; [redacted]; [redacted]; [redacted]

**From:** Yates, Heidi  
**Sent:** Wed, 3 Feb 2021 15:33:55 +1000  
**To:** [REDACTED]  
**Subject:** RE: Letter of support

WIT.0057.0003.0003\_0863

**OFFICIAL: Sensitive**

[REDACTED] – I apologise for my delayed response. It's been a cracking start to the week. It was such a pleasure to see you on Saturday and to hear you speak. You're a powerful advocate for change, and for hope. The ACT is lucky to have you. A quick message to Brittany below.

.....

Dear Brittany,

I understand you've made the decision to speak out this week about crime that's been perpetrated against you. I'm writing to say thank you. It is voices like yours that will make it possible for us to drive change. To work together towards a system that recognises truth, holds offenders to account and creates space for women and all those affected by sexual violence to tell their stories with dignity.

My office and I are here to support you and your family in any way that we can. Know that you're not alone. You have our thanks and if you would like it, our support, as we stand behind you in your choice to speak out. Take care and go gently this week.

Best wishes,  
Heidi

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



---

**From:** [REDACTED]  
**Sent:** Saturday, 30 January 2021 3:10 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** Letter of support

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Thx Heidi

The young woman's name is Brittany. I'm sorry i can't provide more details.

Just a short letter of personal support for her would mean a great deal.

Thank you!!!!

Sent from my mobile so please excuse spelling, grammar and brevity



## Decisions to Discontinue Prosecutions – Victims’ Right of Review

### Director’s Guideline

This Guideline sets out the review process for decisions to discontinue a prosecution. The purpose of this Guideline is to ensure consistency, accountability and transparency in the decisions made by the ACT Office of the Director of Public Prosecutions.

This Guideline is issued under section 12 of the *Director of Public Prosecutions Act 1990*. The Guideline should be read in line with the [ACT DPP Prosecution Policy](#).

#### What is a reviewable decision?

A reviewable decision is a decision to discontinue a prosecution which involves an identifiable victim, where no charge involving the victim is proceeded with or prosecuted by my office. In this Guideline, **victim** includes:

- a complainant in a criminal prosecution conducted by the DPP;
- a close family member or partner of a deceased person in homicide cases; and
- a parent or guardian of a complainant who is a child.

After a reviewable decision has been made, there are two types of review process available:

- review at request; or
- automatic review.

A decision that is subject to **automatic review** means that the decision will be reviewed without requiring the victim to request a review. A decision that is subject to **review at request** will be reviewed only when a request for review is made by the victim, in accordance with this Guideline.

The type of review process available depends on the charge for which the prosecution will be discontinued. If a decision is made to discontinue more than one charge, the review process available will be the one which applies to the most serious charge.

Type of charge	Type of review available
Homicide offence <sup>1</sup>	Automatic review
Sexual offence <sup>2</sup>	
Serious violent offence <sup>3</sup>	
Less serious violent offence <sup>4</sup>	Review at request
Any other offence against an identifiable victim named in the information	

All decisions to discontinue a prosecution for a homicide offence, sexual offence or serious violent offence will be subject to an automatic review.

If you are a victim of a less serious violent offence or any other offence, and a decision has been made to discontinue the prosecution, you are entitled to seek a review of that decision.

### Decisions to discontinue

A decision to bring or discontinue a prosecution is governed by the ACT DPP Prosecution Policy. There are 3 considerations in deciding whether to prosecute or continue a prosecution: whether there is sufficient evidence to prosecute, whether there are reasonable prospects of conviction, and whether it is in the public interest to proceed.

Before a decision to discontinue is made, the prosecutor conducting the case will typically obtain the views of the victim and the police informant. Victims may be contacted by the prosecutor directly, or through a Witness Liaison Officer or the police. The victim's views will be considered when making the decision, although the decision whether to discontinue a prosecution is a matter for the DPP's office, considered against the Prosecution Policy.

All reviewable decisions are made by the Deputy Director or the Assistant Director. Review of those decisions is taken by the Director.

<sup>1</sup> In this Guideline, a 'homicide offence' includes any offence where the death of a person has occurred.

<sup>2</sup> The offences listed in the *Evidence (Miscellaneous Provisions) Act 1991* s 41 – see Annexure 1 of this Guideline.

<sup>3</sup> The offences listed in the *Evidence (Miscellaneous Provisions) Act 1991* s 40 – see Annexure 1 of this Guideline.

<sup>4</sup> The offences listed in the *Evidence (Miscellaneous Provisions) Act 1991* s 39 – see Annexure 1 of this Guideline.

## Review process

If a decision to discontinue is subject to automatic review, the Director will undertake a review of the decision within **7 days** of the decision being made.

If a decision to discontinue is subject to review at request, the prosecutor will notify the victim and explain generally the nature of the decision, the reasons for the decision and the right of the victim to seek a review of the decision. The prosecutor will also ask the victim if there are any further matters they would like to have considered on review. From this point, the victim has **7 days** to request a review.

A request for review can be made by:

- phone: [REDACTED] or
- email: [REDACTED]

If a trial is listed to commence within 7 days of a decision to discontinue, the request for review must be made as soon as possible, as the timeframe for the review process will be shorter. In some cases, it may not be possible to review the decision before notice of the decision is communicated to the court. In those circumstances, the decision will be still be reviewed by the Director, but the matter may not be able to be prosecuted.

When reviewing the decision, the Director will examine the evidence in the case, and critically consider the decision that was made, before making an independent assessment of whether that decision was correct. The Director's decision will be final, unless any new evidence becomes available.

## When will I be notified about the outcome of review?

If a review is requested, the victim will be notified of the outcome of review within **14 days** of receipt of their request for review. Where there is an automatic review, the victim will be notified of the outcome of review within **14 days** since they were first consulted about the decision to discontinue.

If the final decision is to discontinue the prosecution, the victim will be invited to discuss the reasons for the decision with the Director in person. The victim may also request a letter containing the Director's written reasons for that decision, provided that request is made within **14 days** of the victim being notified of the final decision to discontinue the prosecution.



If the victim requires further support following reasons being given for the decision, our Witness Liaison Officers can refer to the victim to support agencies.

### **Audit of reviewable decisions**

A record must be taken of each of the steps in the above process. During each financial year, an audit will be conducted in relation to reviewable decisions made in that year, to establish whether the procedures set out in this Guideline have been complied with.

The audit will be undertaken by an audit committee appointed by the Director. The results of the audit will be published in the annual report of the Director for the year in question.

Shane Drumgold  
ACT Director of Public Prosecutions  
16 September 2019

Due for review: September 2020

## Annexure 1 – Definitions in *Evidence (Miscellaneous Provisions) Act 1991*

### 39 Meaning of *less serious violent offence proceeding*—ch 4

In this chapter:

*less serious violent offence proceeding* means—

- (a) a proceeding for an offence against any of the following provisions of the *Crimes Act 1900*:
  - (i) section 21 (1) (Wounding);
  - (ii) section 22 (Assault with intent to commit other offence);
  - (iii) section 23 (1) (Inflicting actual bodily harm);
  - (iv) section 24 (1) (Assault occasioning actual bodily harm);
  - (v) section 25 (Causing grievous bodily harm);
  - (vi) section 26 (Common assault);
  - (vii) section 28 (Acts endangering health etc);
  - (viii) section 29 (4) and (5) (Culpable driving of motor vehicle);
  - (ix) section 31 (Threat to inflict grievous bodily harm);
  - (x) section 37 (Abduction of young person);
  - (xi) section 41 (Exposing or abandoning child);
  - (xii) section 116 (Destroying or damaging property); or
- (b) a proceeding for an offence against the *Criminal Code*, section 403 (Damaging property); or
- (c) a proceeding for an offence against the *Personal Violence Act 2016*, section 35 (Offence—contravention of protection order).

### 40 Meaning of *serious violent offence proceeding*—ch 4

In this chapter:

*serious violent offence proceeding* means—

- (a) a proceeding for an offence against any of the following provisions of the *Crimes Act 1900*:
  - (i) section 12 (Murder);
  - (ii) section 15 (Manslaughter);
  - (iii) section 19 (Intentionally inflicting grievous bodily harm);
  - (iv) section 20 (Recklessly inflicting grievous bodily harm);
  - (v) section 21 (2) (Wounding);
  - (vi) section 23 (2) (Inflicting actual bodily harm);

- (vii) section 24 (2) (Assault occasioning actual bodily harm);
  - (viii) section 27 (Acts endangering life etc);
  - (ix) section 29 (2) and (3) (Culpable driving of motor vehicle);
  - (x) section 30 (Threat to kill);
  - (xi) section 32 (Demands accompanied by threats);
  - (xii) section 34 (Forcible confinement);
  - (xiii) section 35 (Stalking);
  - (xiv) section 36 (Torture);
  - (xv) section 38 (Kidnapping);
  - (xvi) section 40 (Unlawfully taking child etc);
  - (xvii) section 42 (Child destruction);
  - (xviii) section 43 (Childbirth—grievous bodily harm); or
- (b) a proceeding for an offence against any of the following provisions of the [Criminal Code](#):
- (i) section 309 (Robbery);
  - (ii) section 310 (Aggravated robbery);
  - (iii) section 311 (Burglary) if the complainant was in the building at the time of the offence;
  - (iv) section 312 (Aggravated burglary) if the complainant was in the building at the time of the offence.

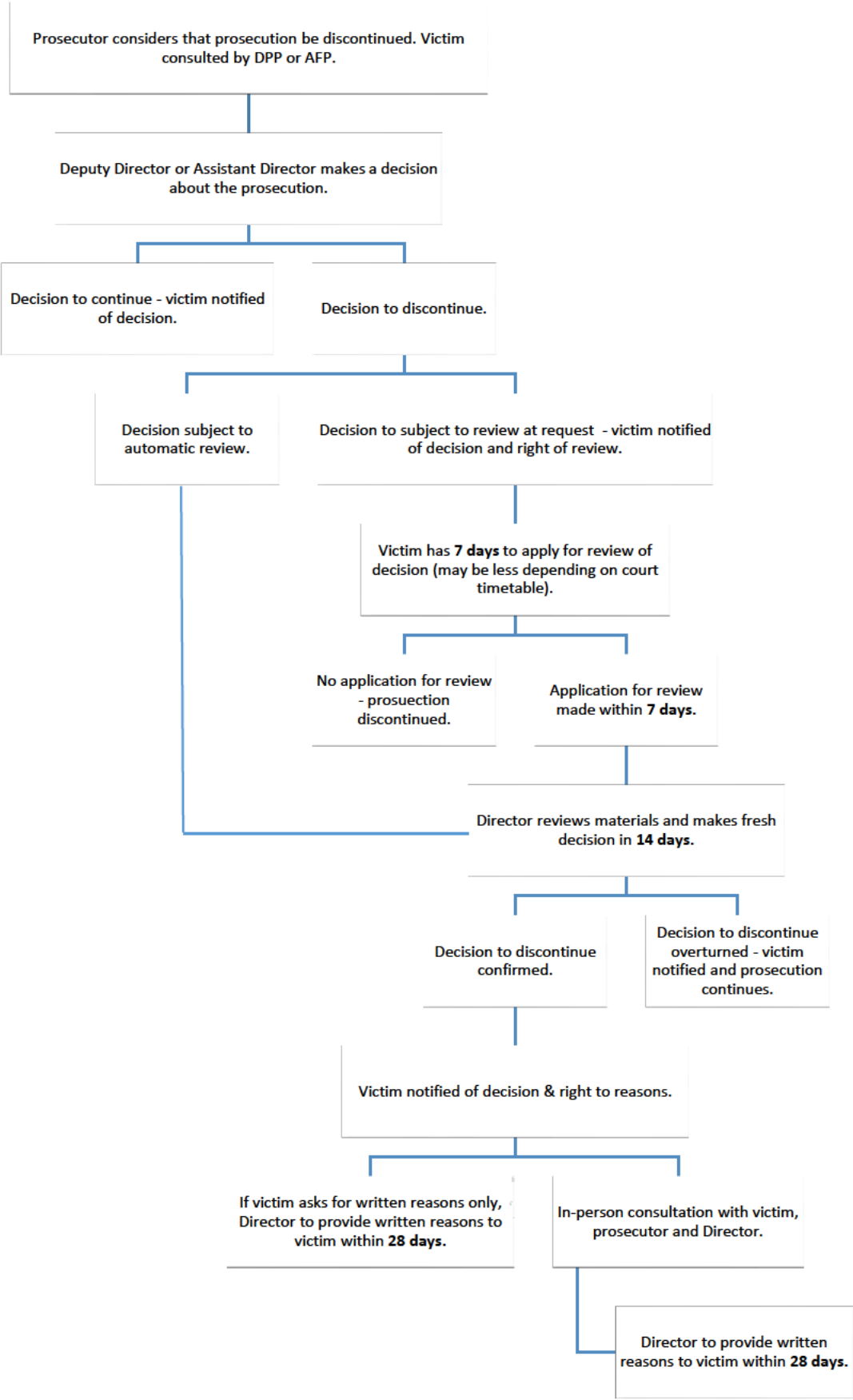
#### 41 **Meaning of *sexual offence proceeding*—ch 4**

In this chapter:

*sexual offence proceeding* means—

- (a) a proceeding for an offence (a *sexual offence*) against any of the following provisions of the [Crimes Act 1900](#):
  - (i) part 3 (Sexual offences);
  - (ii) part 4 (Female genital mutilation);
  - (iii) part 5 (Sexual servitude); or
- (b) a proceeding for an offence against the [Family Violence Act 2016](#), section 43 (Offence—contravention of family violence order) if the family violence order was made because of a sexual offence, or an alleged sexual offence, against the person protected under the order; or
- (c) a proceeding for an offence against the [Personal Violence Act 2016](#), section 35 (Offence—contravention of protection order) if the protection order was made because of a sexual offence, or an alleged sexual offence, against the person protected under the order.

### Annexure 2 – flow-chart of victims’ review process



Tue 11 May 2021	<p>Texts from BH: Gaetjens will progress inquiry on advice from AFP Commissioner received yesterday. BH Worried charges not progressing.</p> <p><b>Call to Neil Gaughan 5.02pm</b></p> <p>The Gaetjens inquiry were placing a hold on their investigations, noting that the ACT Policing were still investigating.</p> <p>At the earliest opportunity, AFP have advised the federal government that they have now taken statements from anyone who could be considered to be involved in both investigations.</p> <p>Within the next 4 weeks, the ACTP will have a brief to present to the DPP. They will let oc know (via me) when this occurs.</p> <p>She will then be provided with an update once the DPP has considered the material.</p> <p>I confirmed Neil was happy for me to share the above with oc. He confirmed he was, however, the information regarding the preparation and presentation of material to the DPP must more broadly be held in confidence for now.</p> <p>Call to BH to update her</p>
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## VICTIMS OF CRIME COMMISSIONER

ACT Human Rights Commission

# MEDIA RELEASE

**EMBARGOED UNTIL 12:01 AM, 27 AUGUST 2021**

### **Take responsibility, protect young tennis players and sign up for redress scheme: Commissioner urges Forrest Tennis Club to act**

Forrest Tennis Club must sign up for the national redress scheme, and take responsibility for child abuse committed by a former club coach, says ACT Victims of Crime Commissioner, Heidi Yates.

“Through my office at Victim Support ACT, I am in touch with two victim-survivors of former Forrest Tennis Club coach, John Cattle.

“Last year, the Chief Justice of the ACT Supreme Court imposed a two-year suspended prison sentence on Mr Cattle for child abuse committed against these community members.

“Although a former club coach was convicted of abuse, the club has failed to take responsibility for this abuse either publicly, or privately in correspondence with the victims.

“Further, the club has refused to join the national redress scheme. The scheme was set up in response to the Royal Commission into Institutional Responses to Child Sexual Abuse to recognise the suffering individuals have endured, and to help victim-survivors access counselling, an apology and a recognition payment.

“The club’s stance is extremely concerning. It also sends a disturbing message to any parent, child or young person currently involved in the club.

“The community has the right to expect that any sporting organisation in such a position would acknowledge past wrongs and work hard to implement child safe standards, to minimise the possibility of any other child being harmed.

For the first time, two victim-survivors who were abused by former club coach John Cattle are speaking out today. Their anonymous statement follows:

“We are speaking out because Forrest Tennis Club, despite knowing that crimes were committed on their premises more than 30 years ago, and despite a criminal conviction of their contracted coach, has failed to demonstrate any accountability or responsibility,” the victims said.

“The club has a duty to protect children under their care. It has failed to demonstrate any intention of meeting this obligation.

“This failure is not only a disincentive to other victims of child sexual abuse. It also indicates a disturbing and prevailing culture within the club with respect to child protection.

“This abuse, which began 38 years ago and culminated in a two-year criminal trial, has taken a significant physical, emotional and financial toll on both of us.

“Despite this, we consider ourselves lucky to have survived child sexual abuse. Many victims did not survive. We see it as our duty to do everything we can to ensure all victims of abuse are given a voice and an opportunity to heal and survive their ordeals.”

Ms Yates has urged the club to publicly acknowledge the abuse, implement child-safe measures and sign up for the redress scheme.

“The club needs to urgently demonstrate to parents, children and the community that they will put measures in place to protect current and future junior tennis players.

“If the club cannot act swiftly to remedy this regrettable situation, I do not believe they should be eligible to receive funding or support from the ACT government, Tennis ACT or Tennis Australia,” Ms Yates said.

## **MEDIA**



<https://the-riotact.com/forrest-tennis-clubs-failure-on-redress-scheme-a-slack-excuse-say-survivors-and-advocates/490191>

## Forrest Tennis Club's failure on redress scheme 'extremely concerning' say survivors and advocates

27 August 2021 | [Lottie Twyford](#)

Two survivors of child sexual abuse committed at Forrest Tennis Club in the 1980s have publicly come forward to urge the club to sign up to the National Redress Scheme, while the ACT Victims of Crime Commissioner described the club's failure to do so as "extremely concerning".

The victims' abuser, former coach John Cattle, was last year sentenced to prison. The club was one of only three organisations nationally that failed to sign up after the government introduced a range of penalties in June.

In a statement released through Commissioner Heidi Yates, the victims said they were speaking out because the club has now failed to demonstrate either accountability or responsibility for the crimes which occurred within its walls.

"We are speaking out because Forrest Tennis Club, despite knowing that crimes were committed on their premises more than 30 years ago, and despite a criminal conviction of their contracted coach, has failed to demonstrate any accountability or responsibility," the victims said.

The victims said the abuse, which began 38 years ago, had taken a significant physical, emotional and financial toll on them.

"Despite this, we consider ourselves lucky to have survived child sexual abuse. Many victims did not survive. We see it as our duty to do everything we can to ensure all victims of abuse are given a voice and an opportunity to heal and survive their ordeals," the statement read.

Ms Yates said the club's failure to sign up was sending a disturbing message to any parent, child, or young person currently involved in the club.



She also expressed a concern that the club may be approaching the issue somewhat defensively, “as if they are on trial for the abuse itself”.

“The former coach has already been convicted, so it really is time for the club, from an ethical perspective, to acknowledge the harm done to the victim-survivors and their families,” she continued.

She said it’s no longer an argument about liability, instead saying the community has the right to expect that any sporting organisation in a position like this would acknowledge the past wrongs and get on with taking practical steps to minimise the risk for current and future young players.

Blue Knot Foundation president [REDACTED] explained that the National Redress Scheme had been intended to provide monetary redress and some meaningful acknowledgment, such as an apology, for people who have experienced institutional child sexual abuse.

Institutions were expected to sign up to make the process easier for survivors.

In June this year, the Federal Government [publicly named and shamed the Forrest Tennis Club](#), making the club ineligible for any government funding.

A Forrest Tennis Club (FTC) spokesman reportedly told the ABC that the club has been engaged in talks in recent times with officials from the National Redress Scheme to better understand the complex process and implications of signing up.

The spokesman also said the committee had not previously been in a position to sign up to the scheme before the NRS-imposed deadline.

“The club has not ruled out joining the scheme, and we will continue to engage constructively with the NRS.

“For legal reasons, the club is not able to comment further publicly on this matter,” the statement read.

However, both Ms Yates and [REDACTED] were unconvinced by the argument, both arguing the club had had long enough to act, with Ms Yates describing it as a “smokescreen of legal reasons”.

“This will not go away. I will be watching the club’s next steps very closely,” she stated.

“It screams of a real avoidance of responsibility and more excuses not to step up to the plate,” ██████████ added.

██████████, who was sexually abused by a Marist Brother as a year seven student in the 1980s, has long been a brave, vocal advocate for victims of institutionalised child sex abuse.

He called the tennis club’s response a “bit of an excuse, especially when it’s been such a long time – the deadlines have come and gone”.

██████████ also said institutions owning up to past wrongdoings is meaningful for individuals and, indeed, is “why we had the Royal Commission in the first place.”

*If this story has brought up any issues, you can contact the Canberra Rape Crisis Centre’s support line on 6247 2525 between 7:00 am and 11:00 pm for all counselling-related inquiries, including all appointments and referrals.*

*1800RESPECT, the national sexual assault, domestic and family violence counselling service, can be contacted 24 hours a day, seven days a week on 1800 737 732.*



<https://www.abc.net.au/news/2021-08-27/abuse-survivors-urge-tennis-club-to-join-national-redress-scheme/100410728>

## **Victims of sexual abuse urge Canberra's Forrest Tennis Club to sign up to national redress scheme**

By [Isaac Nowroozi](#) and [Michael Inman](#)

Posted Fri 27 Aug 2021 at 6:27am

Two women who were abused by their tennis coach as children have spoken out, urging the club in Canberra's south – where the incidents took place – to sign up to the National Redress Scheme for Institutional Child Sex Abuse.

Key points:

- John Cattle was convicted of indecent assault against two of his former students in the 1980s
- His victims have called on Forrest Tennis Club to sign up to the national redress scheme
- The club has not ruled out joining the scheme and says it will continue to engage constructively with its officials

Last year, John Cattle was found guilty of indecently assaulting and acting indecently towards two of his former tennis students while coaching at the Forrest Tennis Club in the 1980s.

The two victims, who want to remain anonymous, have now told their stories for the first time through a jointly released statement.

"We are speaking out because Forrest Tennis Club, despite knowing that crimes were committed on their premises more than 30 years ago, and despite a criminal conviction of their contracted coach, has failed to demonstrate any accountability or responsibility," the women said.

"This abuse, which began 38 years ago and culminated in a two-year criminal trial, has taken a significant physical, emotional and financial toll on both of us.

"This failure is not only a disincentive to other victims of child sexual abuse. It also indicates a disturbing and prevailing culture within the club with respect to child protection."

'Extremely concerning': Victims of Crime Commissioner

ACT Victims of Crime Commissioner Heidi Yates said Forrest Tennis Club should publicly acknowledge the abuse, implement child-safe measures and sign up for the redress scheme, which was set up in response to the [Royal Commission into Institutional Responses to Child Sexual Abuse](#).

"The club's stance is extremely concerning," she said.

"It also sends a disturbing message to any parent, child or young person currently involved in the club," Ms Yates said.

"The club needs to urgently demonstrate to parents, children and the community that they will put measures in place to protect current and future junior tennis players."

Club 'has not ruled out joining the scheme'

A Forrest Tennis Club (FTC) spokesman said the club supported the rights of sexual and physical abuse victims and their right to fair compensation.

"Over the past six months, the FTC committee has engaged in good faith with officials from the national redress scheme to better understand the complex process and implications of signing up to the national redress scheme," he said.

"However, the committee was not in a position to sign up to the scheme before an NRS-imposed deadline, which led to the Club being publicly named.

"The club has not ruled out joining the scheme, and we will continue to engage constructively with the NRS.

"For legal reasons the club is not able to comment further publicly on this matter."

Club named and shamed

The club was publicly identified earlier in the year for failing to sign up to scheme, which was set up three years ago.

At the time, federal minister Anne Ruston, who is responsible for the scheme, said the club [would no longer be eligible to apply for Commonwealth grant funding](#) and was at risk of losing its charitable status.

The Victims of Crime Commissioner agreed with that position.

"If the club cannot act swiftly to remedy this regrettable situation, I do not believe they should be eligible to receive funding or support from the ACT government, Tennis ACT or Tennis Australia," Ms Yates said.

**From:** Yates, Heidi  
**Sent:** Thu, 26 Aug 2021 15:10:21 +1000  
**To:** Foster, Stephanie  
**Cc:** Brit Mae  
**Bcc:** David Sharaz  
**Subject:** RE: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]  
**Importance:** High

WIT.0057.0003.0003\_0879

**OFFICIAL: Sensitive**

Hello Stephanie,

Thank you for your recent email to Brittany regarding the Gaetjens inquiry (below), which Brittany has discussed with me. We have also sought the DPP's views on the helpful options raised in your email, noting that the matter is now with his office, rather than with ACT Policing.

The ACT DPP, Mr Shane Drumgold, is of the clear view that the Gaetjens inquiry should not proceed whilst the related criminal matter is on foot. Mr Drumgold emphasised that the matter is under judicial consideration and therefore should not be publicly discussed elsewhere. He noted that:

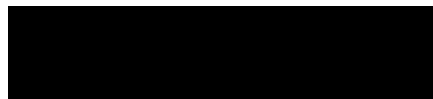
- Mr Gaetjens previously stated publicly that he had paused the inquiry for two months after advice that the inquiry would interfere with a police investigation. Mr Drumgold's view is that any concerns Mr Gaetjens held that his investigation could interfere with a police investigation remain equally valid for legal proceedings whilst the matter is Sub Curia.
- Further, based on media surrounding the inquiry, the investigation and resulting report which may be published including Mr Gaetjens' resulting opinion will likely deal with the details, timing and scope of issues raised by the complainant, and the actions of persons (including ministers) who may be witnesses in the current criminal proceeding. In Mr Drumgold's view, the publication of such opinion whilst the matter is Sub Curia could be highly prejudicial to the proceedings. He specifically referenced the finding of the High Court in R v Glennon (1992) 173 CLR 592, that stated: *...negative pre-trial publicity is capable of leading to a permanent stay where the judge cannot relieve against its unfair impact.*

We hope the above advice may be of assistance in your decision-making regarding next steps. Thank you again for reaching out to Brittany to explore options.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



----- Forwarded message -----

**From:** Foster, Stephanie <[REDACTED]>  
**Date:** Mon, 23 Aug 2021 at 6:10 pm  
**Subject:** RE: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]  
**To:** Brittany Mae <[REDACTED]>

**OFFICIAL: Sensitive**

Hi Brittany. Sorry for the delayed response – I was trying to take some leave last week (sadly not at the snow as planned) and ended up being pretty tied up with implementation issues. I'll email more on that separately (but it's going really well!)

Thanks for the detail below, and for your willingness to find a way forward. I have three thoughts, not mutually exclusive:

Firstly, I wonder if I/we together might talk with the AFP, so between us we can explain the nature of the coverage of the review, and the nature of the material you want to present, so they can assist with views on where potential sensitivities

might be. I'd have to check with them if they could do that without prejudicing anything. I didn't contact before I had checked with you.

Secondly, with regards to your legal advice, would it be helpful to have me participate in some part of a meeting with your lawyer so I can answer any questions about scope/coverage? My feeling, reading your email below, is that we could avoid any areas of possible contention in the final report once we had talked this through.

And thirdly, should we discuss a scenario where it's not safe/sensible for you to contribute while the trial is pending/underway, and how Phil could conclude the report, acknowledging that you wanted to input but couldn't (in better words than that). One way or the other we need to find a way to finalise the process.

Happy to talk any of this through if that's easier than emailing – just let me know when you have a free window.

Cheers, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

**From:** Brit Mae <[REDACTED]>  
**Sent:** Friday, 13 August 2021 2:19 PM  
**To:** Foster, Stephanie <[REDACTED]>  
**Subject:** Re: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]

Hello Stephanie,

I hope you've been well.

Once again, thank-you for your work on the Foster Review. I really appreciated all your efforts and thought it was very well done. I would love to hear about any updates.

Yes, I can appreciate the predicament you're all in and wish to get this wrapped up as soon as possible.

I'm in a somewhat awkward position as we don't yet know who will potentially be called to be witnesses for the criminal trial.

It's my understanding that my behaviour and conversations with my employers after the event will formulate part of the trial.

I am happy to contribute to the review by having a discussion but will have to seek legal advice as I don't want any findings by the Department to prejudice my case.

Happy to discuss if you have any thoughts.

Kind regards,  
Brittany

On Thu, 12 Aug 2021 at 8:44 am, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL: Sensitive**

Dear Brittany

I'm wondering if we could talk about setting a time for your contribution to the Gaetjens inquiry into who knew what in the PMO? The last thing I want to do is put you under additional pressure, especially with the recent renewed media focus on the charges being laid, but I am very conscious that Phil needs to bring this to conclusion so everyone involved can have some closure on the issue. And that he told Estimates (in good faith) that it would be done in weeks not months based on our understanding at the time.

If it's easier for you just to send me material, or to do that through Heidi, that's fine too. Or if you don't think it's going to be viable for you anytime soon, let's talk about what the options are in that scenario.

I've been thinking about you as the media plays out and hoping you're doing as well as possible. We're moving closer to setting up the independent complaints mechanism – I can send you a quick update if you're interested.

Cheers, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

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**IMPORTANT:** This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

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**From:** Yates, Heidi  
**Sent:** Thu, 5 Aug 2021 17:48:59 +1000  
**To:** Brittany Mae  
**Cc:** David Sharaz  
**Subject:** FW: National Summit on Women's Safety  
**Attachments:** National Summit on Women's Safety - Ms Heidi Yates.pdf, please respond: choice of roundtable attendance at National Summit on Women's Safety

WIT.0057.0003.0003\_0882

OFFICIAL

Hi Britt,  
Initial details of the summit below and attached.

I'm so pleased you're open to attending as part of the ACT delegation – we will be very glad to have you with us.

Talk soon,  
Heidi

---

**From:** Registration  
**Sent:** Monday, 19 July 2021 4:51 PM  
**To:** [REDACTED]  
**Subject:** National Summit on Women's Safety

Dear Heidi,

On Behalf of Minister Ruston and Minister Payne, we are pleased to confirm the event details for you.

The National Summit on Women's Safety to be held at Parliament House on 6<sup>th</sup> – 7<sup>th</sup> September 2021.

The Summit represents the culmination point of a program of consultation activities to inform the next National Plan to end violence against women and children. It will bring together a range of experts, advocates, service providers and people with lived experience to explore issues faced by women and their children experiencing violence in Australia.

The Summit will include keynote addresses and panel discussions focused on issues affecting women's safety, as well as a series of roundtables that will contribute insights and help determine priorities for the next National Plan.

To accept or decline your invitation to the Summit, please click on the link to complete your [REGISTRATION](#). Your password to access the registration site is: [REDACTED]. Please note that this is invitation only and this password can't be shared with others. Please RSVP by Friday 30 July.

Should a face-to-face event not be possible in September, we will hold the Summit as an online event. We will continue to update you on this matter in the coming weeks but are progressing with holding the Summit in person in September.

We look forward to welcoming you to the National Summit on Women's Safety.

The EP Agency Team

**EP AGENCY** 

**EVENT REGISTRATION**



T [REDACTED]

PO BOX 1305, Woollahra, NSW 1350  
Level 1, 104 Queen Street, Woollahra, NSW 2025

[www.epagency.com.au](http://www.epagency.com.au)

If you, or someone you know, is in immediate danger, call 000. For sexual assault, domestic and family violence counselling services call 1800RESPECT on 1800 737 732 or visit [www.1800RESPECT.org.au](http://www.1800RESPECT.org.au) for 24/7 phone and online services.

**From:** NationalWomensSafetySummit [REDACTED]  
**Sent:** Tuesday, 6 July 2021 2:13 PM  
**To:** Yates, Heidi [REDACTED]  
**Cc:** NationalWomensSafetySummit [REDACTED]  
**Subject:** Attn: Ms Heidi Yates: invitation to the National Summit on Women's Safety [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good afternoon

Attached is a letter of invitation to the National Summit on Women's Safety from Senator the Hon Marise Payne, Minister for Women and Senator the Hon Anne Ruston, Minister for Families and Social Services and Minister for Women's Safety.

Regards,

---

#### Summit Taskforce

National Summit on Women's Safety  
Department of Social Services



The Department of Social Services acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, water and community. We pay our respects to them and their cultures, and to Elders both past and present.

**From:** Yates, Heidi <[REDACTED]>  
**Sent:** Fri, 15 Oct 2021 15:48:26 +1000  
**To:** 'Brittany Mae'  
**Cc:** 'David Sharaz'  
**Subject:** For info: [REDACTED] - new Parliamentary Workplace Support Service leader

WIT.0057.0003.0003\_0884

Hello Brittany,

Earlier this week, a colleague of mine from the ACT Government, [REDACTED], called me to let me know that she will shortly (Monday week) be starting in a new role in the Commonwealth, leading the newly established *Parliamentary Workplace Support Service*, reporting to [REDACTED], Parliamentary Service Commissioner. I am advised that the establishment of the new service has bipartisan support, 'is an independent Parliamentary workplace complaints mechanism for staff and Parliamentarians who work in Commonwealth Parliamentary workplaces' and 'will be a key mechanism for the national Parliament to reflect best practice in the prevention and handling of bullying, sexual harassment and sexual assault complaints.'

[REDACTED] called me as she was aware, based on media reporting, that you have had contact with our team at Victim Support. [REDACTED] specifically asked me to let you know that she understands the crucial role of your advocacy in relation to the establishment of the service she will be leading, and would be very open to speaking with you at any point about the work of the service, at any point you wished to do so.

Happy to discuss further or to connect you with [REDACTED] at any point, if helpful.

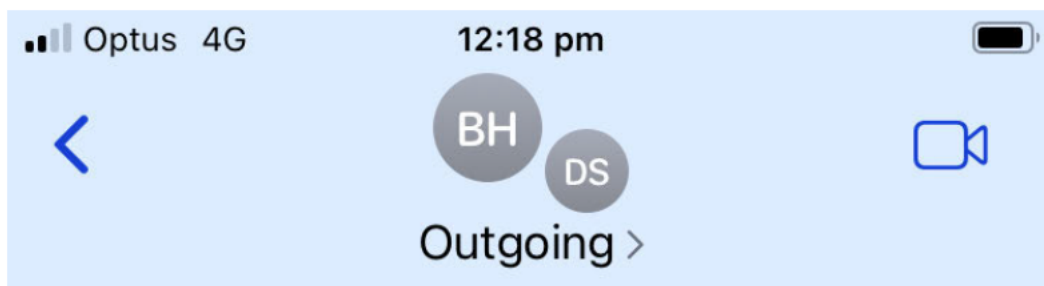
Regards,

**Heidi Yates**

Victims of Crime Commissioner

ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222





29 Nov 2021 at 10:02 am

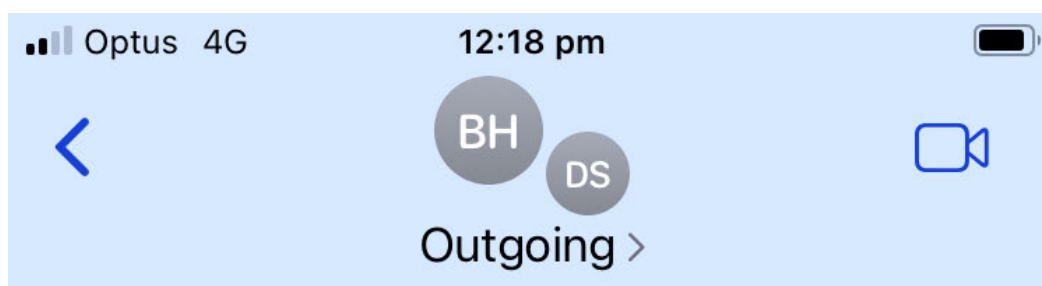
Good morning B and D,  
happy Monday!  
Have just received the  
below media inquiry.  
Happy to send them on  
their way, or I can send  
[redacted] number through  
if need be. Cheers, H  
.....

Hi Heidi, [redacted]  
[redacted] here from  
[redacted] team,  
I hope you're well.



Text Message





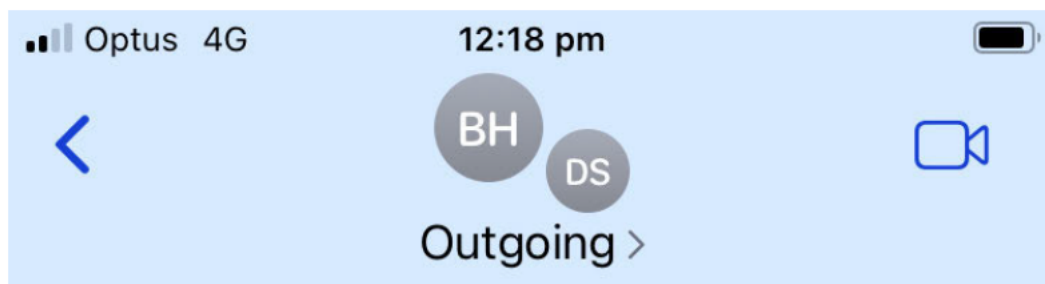
Just getting in touch, as we wanted to reach out to Ms Brittany Higgins for an interview either today or tomorrow to discuss the handing down of the Jenkins review into parliamentary workplace culture.

I know she wasn't keen to do an interview last time we spoke, but if she's more open to an interview now, we would really appreciate her time.



Text Message





We could either do a 4pm tv interview with [REDACTED] on ABC News (which we could rerun on radio national drive later tonight), or we could do a live radio interview on radio national drive after 6.15pm tonight.

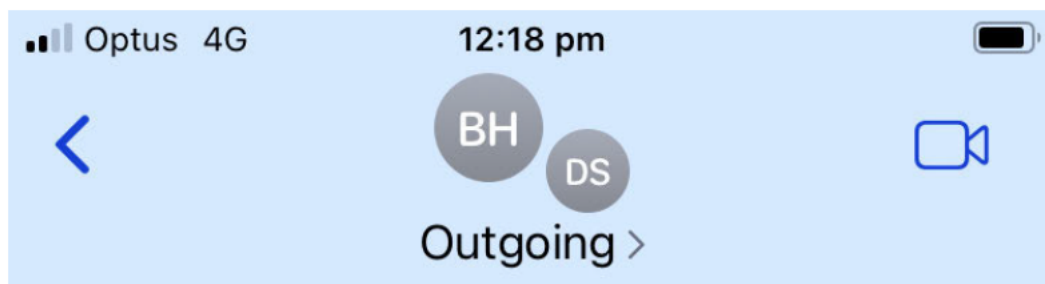
Please let me know if either option is possible. And I'm free to chat whenever you need.

Thank you very much,



Text Message





we could either do a  
4pm tv interview with  
[REDACTED] on  
ABC News (which we  
could rerun on radio  
national drive later  
tonight), or we could do  
a live radio interview on  
radio national drive  
after 6.15pm tonight.

Please let me know if  
either option is  
possible. And I'm free to  
chat whenever you  
need.

Thank you very much,  
[REDACTED]



Text Message





**From:** Yates, Heidi  
**Sent:** Thu, 27 Jan 2022 11:42:08 +1000  
**To:** David Sharaz;Brittany Mae  
**Subject:** Catch up in Canberra + Drumgold meeting  
**Attachments:** [REDACTED]  
**Importance:** High

WIT.0057.0003.0003\_0889

**OFFICIAL: Sensitive - Personal Privacy**

Hello Britt and David,

Great to hear you're coming to Canberra twice in the coming fortnight (3-4 and 8-9).

It would be great to catch up, and I'm happy to try to arrange a face-to-face with Shane Drumgold so you can meet in person.

At the moment, I'm available:

**Thursday 3<sup>rd</sup>:** Anytime before 1pm, or after 4pm.

**Friday 4<sup>th</sup>:** I'm afraid I have a full day on the 4<sup>th</sup>, but could do coffee before 9am if helpful?

**Wednesday 9<sup>th</sup>:** I'm flexible all day this day.

Britt – I presume you'll need some time to prep for the Press Club event, which I'm thrilled that we will be able to join you at. FYI, I have booked a table, and invited guests including my colleagues who have been working intensively on our Sexual Assault Prevent and Reform (SAPR) work: [REDACTED] and [REDACTED] from my office, and the Coordinator General for Family Safety – [REDACTED] – and her colleagues [REDACTED] and [REDACTED]. If you'd like to meet any/all of them on this trip over a cuppa – just say the word. I'm sure they'd be happy to brief you on where this body of work is up to, and seek your thoughts on key priorities / action areas.

**Thursday 10<sup>th</sup>:** I can move things around to be available any time other than 3-4pm.

#### **Meeting with Shane**

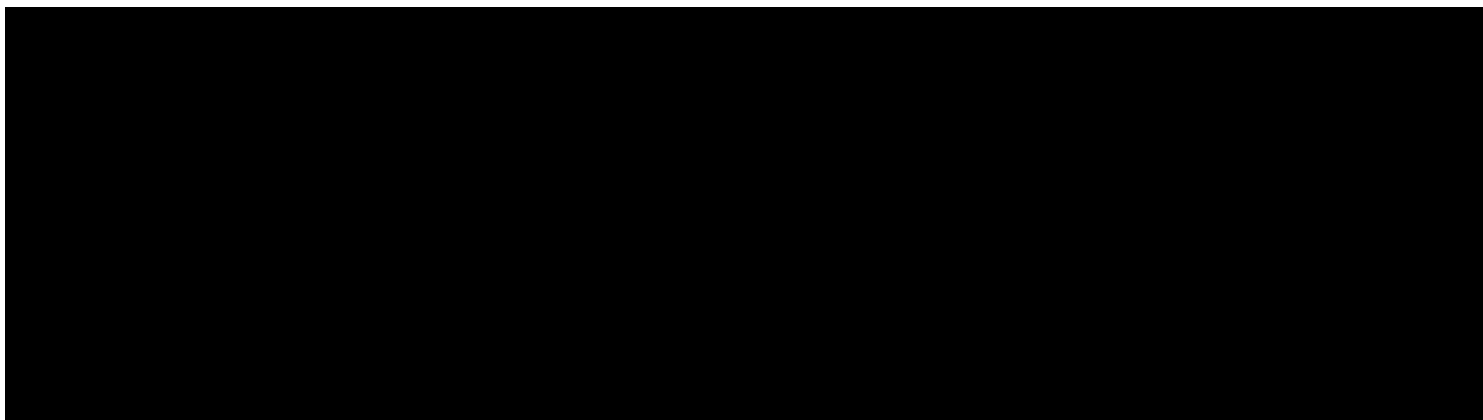
Would you perhaps like to let me know what days/times in above windows of availability work for you – and I'll follow up with Shane ASAP re a meeting time? He will most likely want to meet in his office in Civic (just in front of the Supreme Court).

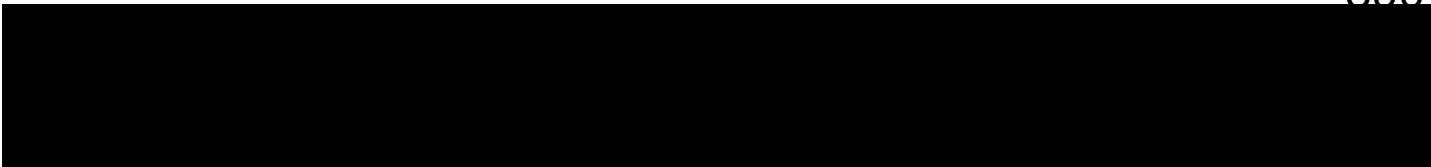
#### **Catch up**

Also happy to hear when might suit for us to catch up (coffee, lunch, dinner etc) and – if you're keen- any kind of meet & briefing with some of the ACT SAPR team? It may be that you've already got more than enough on for both trips, but just wanted to remind you that there are plenty of opportunities whenever or if ever you're keen (absolutely no pressure).

#### **Other things**

- **Police complaint:** Just a reminder that I'm still awaiting update from the Office of the Information Commissioner regarding a police complaint (they didn't get back to me whilst I was on leave).





Thinking of you both.  
Warm wishes,  
Heidi

**Heidi Yates**  
Victims of Crime Commissioner

ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222





**From:** Yates, Heidi  
**Sent:** Wed, 28 Apr 2021 21:20:09 +1000  
**To:** Brit Mae  
**Cc:** [REDACTED]  
**Subject:** FW: Group Meeting Invite - Brittany Higgins Meeting with the PM  
**Attachments:** Australian Government - addressing Sexual Assault - key points April 2021.docx  
**Importance:** High

OFFICIAL: Sensitive - Personal Privacy

Hi Brittany,

Food for thought – some short one liners below that [REDACTED] has kindly pulled together that may or may not fit with what you may wish to message this week.

Cheers,

Heidi

- I ask the Australian Government to hear women's voices - we need national leadership to address sexual violence so we can work and live more safely.
- Millions of Australians bear the burden of living with the effects of sexual assault. National leadership is needed now so the load is shared and lifted from the shoulders of future generations.
- Previous national plans have *not* succeeded in reducing sexual assault in Australia. National plans have *not* succeeded in holding more criminal perpetrators to account and they have *not* succeeded in providing services and safe criminal justice systems to those who have experienced sexually assault. True national leadership is needed now, in Parliament House and Australia-wide.
- I call for national leadership that assures all Australians that if they or their loved ones are sexually assaulted they will truly be assisted. The Government must lead us towards a future where sexual assault survivors can get medical and counselling services without delays, engage with skilled specialist police wherever we live and engage in a criminal justice system that does not re-traumatise us when we seek justice. We do not have this yet - national leadership is required for Australia to reach this.
- I call for our national leaders to see the plain fact that states and territories are struggling to prevent and respond to sexual assaults. Sexual assault reports are not decreasing. Convictions of criminal perpetrators are not increasing. Prevention efforts are failing. Survivors of sexual assault aren't having their immediate or long term health and counselling needs met, hurting their recovery. We do not even have a national definition of consent; children and young people are confused. National leaders can no longer say this is a state and territory problem - the system is failing Australians. Effective national leadership, action and funding is needed - now.

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



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**From:** Yates, Heidi  
**Sent:** Wednesday, 28 April 2021 6:00 PM  
**To:** Brit Mae <[REDACTED]>  
**Cc:** [REDACTED]  
**Subject:** RE: Group Meeting Invite - Brittany Higgins Meeting with the PM  
**Importance:** High

**OFFICIAL: Sensitive - Personal Privacy**

Hi Britt,

You've been in our thoughts this afternoon. I hope you're holding up ok. I can't begin to imagine all the things you're juggling right now. Please let me know if there's anything at all I can do to help share the load.

We have attached a brief document – it's only a couple of pages at this point. We welcome your views as to whether this is the type of info/advice that is useful to you.

We have pulled a lot of other work/research/info together but didn't think it would be helpful to throw it at you all at once (!) Instead, please be assured that we can rapidly prepare some further research / summaries along the lines of the attached, or in any other direction you might find useful.

We are also mocking up some brief sentences for your consideration that could be useful in your media release/comms in terms of the work you'd potentially like Govt to progress for all Australian sexual assault survivors.

Don't hesitate to call me to discuss at any point and/or let me know if you'd like to discuss with [REDACTED] and I tomorrow in terms of how we can continue working on the attached in a way that reflects your views and priorities.

As a bit of sunshine on a rough afternoon – below is the media release from the ACT Deputy Chief Minister today. Your advocacy and courage has made it possible for us to push for local reform. I have never had an event where 7 Ministers went on the record to lock-in their commitment to anything – let alone an area as complex and important as improving sexual assault responses. This work will be a long journey but it is only happening here in the ACT because of your fearless advocacy. You are amazing. And I'm going to be there on Friday to have your back in whatever way you need!

Talk soon, and take care.  
Heidi

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



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**From:** ACT Government Executive Media <[REDACTED]> **On Behalf Of** ACT Government Executive Media

Sent: Wednesday, April 28, 2021 12:10 PM

To: Watchirs, Helen <[REDACTED]>

Subject: Berry Media Release - Addressing sexual assault in Canberra, next steps



## Media release

### **Yvette Berry MLA** Deputy Chief Minister

Minister for Education and Youth Affairs  
Minister for Early Childhood Development  
Minister for Housing and Suburban Development  
Minister for the Prevention of Domestic and Family Violence  
Minister for Women  
Minister for Sport and Recreation

Member for Ginninderra

28 April 2021

## **Addressing sexual assault in Canberra, next steps**

Today, responsible Ministers, all political parties, the directors-general of all relevant ACT Public Services Directorates, the Chief of Police and representatives from the non-government sector came together to make a clear commitment to taking action to prevent and respond to sexual assault in Canberra.

This is an issue that affects everyone in our community and that's why it's so important to be working closely across party lines and across government to address sexual assault and sexual violence in Canberra—the only jurisdiction in Australia to have made this shared commitment.

To make sure this work progresses with the right representation and the right governance in place, three working groups will be established to focus on prevention, response, and law reform.

The **Prevention** working group will focus on driving systemic, cultural change across the Canberra community, particularly targeted at schools, universities, CIT and workplaces.

The **Response** working group will focus on service provision and police response, informed by victim survivor experience of accessing support, advocacy and counselling.

The **Law Reform** working group will progress the parliamentary agreement commitment to reform consent laws and related sexual assault law reform.

These groups will report into an overarching Sexual Assault Response Steering Committee, made up of representatives from non-government organisations, unions, research bodies, the university sector and government representatives, who will set key priorities for future work and action by government.

The objective is to coordinate efforts across the community, the service sector, unions, and stakeholders to develop an effective, systemic, evidence-based responses to sexual assault in the ACT.

Women make up 86.6% of victims of sexual assault in the ACT and this needs an evidence-based approach that reflects the lived experience to understand that the nature of sexual assault has changed over time and what supports are currently in

place across the system to support victim-survivors to prevent and respond to this serious issue.

It has been made even clearer today that everyone in the Assembly and in government is committed to doing the work required to address this issue, and to listen carefully to local experts to understand what the evidence shows us of what is already working well, where the gaps are and where we need to invest and build new programs of work.

**\*All quotes attributable to Deputy Chief Minister, Minister for Women and Minister for the Prevention of Domestic and Family Violence, Yvette Berry\***

\*\*\*

**Quotes attributable to Heidi Yates, Victims of Crimes Commissioner at the ACT Human Rights Commission:**

"I am pleased to take part in today's landmark event which brings together the ACT Government, the non-government sector and all sides of politics. Together, we have the opportunity to drive long-lasting change in the Canberra community to promote gender equality and prevent sexual violence.

"My team and I look forward to contributing to this important work which, led by the voices and experiences of victim survivors, will aim to ensure best practice responses to Canberrans affected by sexual violence."

**Statement ends**

**Media contact:**

[Redacted]

ACT Legislative Assembly

P (02) 6205 0233

Twitter [@YvetteSBerry](#)

E [berry@act.gov.au](mailto:berry@act.gov.au)

Facebook [YvetteSBerry](#)

Instagram [yvette\\_berry\\_mla](#)

[Unsubscribe](#)

File Note 26 April (ANZAC Day public holiday) 2021 HY

Email from David Sharaz – partner of Brittany Higgins seeking assistance for Ms Higgins.

**Call to David on his mobile.**

Brittany meeting with PM on Friday.

Seeking support and help.

Indicated that as a person who had experienced crime in the ACT – she is eligible for services from our office. Briefly summarised types of services we could offer.

Discussed advocacy we undertake at a systemic level.

Discussed advocacy Ms Higgins is seeking to undertake through upcoming meeting with PM - improvements to experience of PH employees when they experience assaults / serious crime.

Discussed whether I could accompany Ms Higgins to meeting with PM that Friday.

Advised that I was conscious Ms Higgins hadn't met me yet, but if this was what would be of greatest assistance to her at this time, I'm open to a further discussion.

**Call back from David**

Brittany would very much like me to attend on Friday.

She will be in Canberra tomorrow – could we meet up?

Advised yes – happy to do so. Discussed location – HRC.

File Note Tuesday 27 April 2021 HY

**8:14am Text from BH** – she's in Canberra, seeking a meeting.

I responded, offering afternoon meeting. Agreed to meet at HRC.

Advised that [REDACTED] could join us, if BH comfortable with this.

**3.30pm BH attended HRC.**

Initial chat. Discussed plans for Friday's meeting. Focus on Respect @ Work reccs and amendments to MOPs Act to protect PH staffers.

[REDACTED]

BH interested in what other kinds of systemic issues she could potentially flag to highlight importance of change for all survivors.

Advised we would put some notes together for her.

Agreed to meet tomorrow afternoon after BH's other commitments.

**6:45pm**

Text to BH noting it was good to meet her offering to answer any further questions. Querying hotel options if she needs them in Sydney.

File Note Wednesday 28 April 2021 HY

[REDACTED]

[REDACTED]

File Note Thursday 29 April 2021 HY

**3pm Zoom invite from BH to meet with [REDACTED] (advocate/activist) and [REDACTED] (lawyer)**

BH attended briefly, then her link dropped out.

Attempts to re-engage BH.

[REDACTED] and I discussed how BH might best communicate her requests to PM.

██████ keen to see BH focus only on PH matters – not broader systemic matters. ██████ will work on fine-tuning of wording with BH ahead of tomorrow.

**9:26pm Text from BH**

Agree to meet in foyer of hotel I was staying at - 8am.

File Note 30 April 2021 HY

**8am Met BH and David Sharaz** at corner where my hotel was located.

**Walked to Government House.**

**Met with Mr Anthony Albanese and Tanya Plibersek (BH, David and I present)**

Discussed Brittany's experience of response framework at PH.

BH provided Mr Albanese and Ms Plibersek with list of requests.

Albanese discussed his commitment to ensuring BH's voice is heard, and ensuring others have a more positive experience.

Albanese agreed to speak to press to indicate that BH's requests were reasonable, and PM should listen to her.

.....

After meeting – David and BH went back to kitchen/sitting room of hotel.

I gave them some time. Brought lunch back for them.

Discussed preparation for meeting with PM.

Took Uber to offices of Brittany's lawyer, Ms Rebekah Giles.

Met with Rebekah Giles and ██████████. David also present.

Walked down to Government House.

.....

**Meeting with PM**

Media caucus afterwards.

Walked back to Bligh st hotel for quick de-brief.

Flew home.

8:45pm Text to Britt

Indicating it was my privilege to attend the day. Congratulating her on her strong advocacy.

Confirming ongoing support available.

File Note Saturday 1 May 2021 HY

**9:21am Text from BH**

Thank you for attending.

I responded -noting hoping she had gotten some good rest. Wishing her safe travels home.

File Note Sunday 2 May 2021 HY

[REDACTED]

File Note Wednesday 5 May 2021 HY

[REDACTED]

**2.50pm Call to Marcus Boorman – DI SACAT**

- Noted I had spoken with Brittany
- She would like all communication with police to come via me for the time being
- Marcus concerned that I was raising a concern about nature of timeliness of communication – I indicated this wasn't the case. Oc has no concerns re communication but for pressure of not knowing when police may call. For this reason – has requested that contact come via our office.



- Marcus:
  1. They are working hard and will likely come to 'some sort of decision' in the next couple of weeks.
    - a. Would like comms to come through me.
  2. There are also some things they will need to speak with Brittany about before then.
  3. Likely they will want to facilitate a meeting with her in the next couple of weeks to:
    - a. Explain their decision. She will be the first one to know.
- Advised oc very happy to make herself available to provide further info.
- Marcus indicated his team had texted her recently but she hadn't messaged back – this was frustrating for them.
- Highlighted that oc has had a lot to carry, ahead of meetings last week in particular. I hope my involvement may help to facilitate communication in both directions, so that police can request what they need and receive a timely response also.

Advised oc also concerned that charges could be laid / media engaged, before she knew what was happening next.

Marcus confirmed that as soon as they've reached a decision, she will be the first to be told.

I confirmed I'd put Britt's wishes in writing for his records and looked forward to hearing from him and the team shortly.

**3.15pm**

**Call to BH.** Communicated info from chat with Marcus. I will send follow up email.

**From:** Yates, Heidi  
**Sent:** Wednesday, 5 May 2021 3:19 PM  
**To:** Brit Mae <[REDACTED]>  
**Subject:** Police Update & Stephanie Foster Meeting  
**Importance:** High

**OFFICIAL: Sensitive**

Hi Brit,

Good to chat with you.

As discussed:

**Further discussion with Stephanie Foster**

I am very happy to attend with you for a discussion with Stephanie [REDACTED]. I'm afraid my availability this week is pretty tight, but if you'd like to go ahead on Thursday, I can likely shift things around.

Alternatively, I think Stephanie referenced Wednesday next week. I could make myself available anytime on Wed, other than between 12.30 – 2pm, if that's helpful.

### **Communication with Police**

I spoke to Marcus Boorman. I confirmed that:

- You would like communication from police to come through me for the time being, which will avoid you having to watch for their calls/texts. As discussed, if you'd like to change this arrangement at any time, please just say the word. Otherwise, I will send you a text (for non-urgent matters) or call (for anything urgent) as soon as they contact me to provide, or ask for, any information. I'll confirm this in writing with police shortly and cc' you in for your records.
- Marcus confirmed that they are likely to come to a decision 'in the next couple of weeks'. When they do come to a decision, he indicated that you will be the first to know. To enable this, he'll be in contact to request an opportunity to meet with you (and whichever support persons you may like to attend) to have a discussion.
- As discussed, Police also may want to request some further info from you to aid their decision-making. They'll come through me to request that at a time that works for you.

Britt, if you have any other questions after considering the above, please don't hesitate to give me a call. You've got my mobile and my direct office line is: [REDACTED].

Talk soon and take care,

Heidi

### **Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**5:44pm Email to Marcus** confirming communication request.

[File Note Thursday 6 May 2021 HY](#)

**9:09am** Email to Britt outlining options for contributing to Foster review with our support.

[File Note Tuesday 11 May 2021 HY](#)

**Texts from Brittany** from 3.59 noting a message she'd received from Phil Gaetjens in the PM's office indicating that he 'received yesterday further advice from the AFP Commissioner' and that 'On the basis of that advice, I am now in a position to progress the inquiry I am undertaking into knowledge

within the PMO of your alleged sexual assault'.



**4:57pm Call to oc to discuss** - Oc concerned that police may not be proceeding with charges. Unsure whether to attend Stephane Foster meeting scheduled for tomorrow. Advised I would call CPO for update.

**Call to Neil Gaughan 5.02pm**

The Gaetjens inquiry were placing a hold on their investigations, noting that the ACT Policing were still investigating.

At the earliest opportunity, AFP have advised the federal government that they have now taken statements from anyone who could be considered to be involved in both investigations.

Within the next 4 weeks, the ACTP will have a brief to present to the DPP.

They will let oc know (via me) when this occurs.

She will then be provided with an update once the DPP has considered the material.

I confirmed Neil was happy for me to share the above with oc. He confirmed he was, however, the information regarding the preparation and presentation of material to the DPP must more broadly be held in confidence for now.

**Call to Brittany 5:13pm**

- Advised her of the above, including confidential nature of update from police.
- She didn't have any other questions for me about this.
- Discussed whether to attend meeting with Ms Foster tomorrow – Brittany still happy to attend, I will attend in person, BH by phone. I will call BH tomorrow at midday to discuss material she will send through before then regarding what she has requested from the inquiry.

**File Note Wednesday 12 May 2021 HY****TA BH 12.15pm**

Checked in on how Britt responded to yesterday's meeting.

Discussed prep for Foster meeting this afternoon.

**Goal for today**

- To listen
- To identify shortcomings – particularly re initial response.

I will call Britt to de-brief afterwards.

**1.59pm****Call from Marcus Boorman 1**

BH texted them yesterday afternoon.

Advised this was likely when she couldn't get through to me. I subsequently rang the CPO.

Marcus was checking whether contact should come through me or not.

I said yes – but that I'd confirm this with Brittany and come back to him.

Marcus confirmed he may need to request some further info from BH in the next few weeks – he'll do this via me.

Advised I understand BH is happy to assist as required and I'm happy to coordinate a meeting/discussion as helpful.

**3pm PA at Office of Stephanie Foster – PM&C**

BH by on-line attendance.

Discussion re key issues in foster report.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[Redacted text block]

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File Note Friday 21 May 2021 HY

**7.17am Text from David**

[REDACTED]

**12.30pm Call to BH**

She's doing ok. Has sent response to Kunkel. Thinks outcomes of review will be tabled in parliament next week. One more thing finished.

Anything else I can do for her? No.

Advised I would be in touch with any updates from Police otherwise, let me know if there's anything further I can do for her.

**2.15pm Marcus Boorman TA**

Received voicemail from Marcus from yesterday asking me to call him back re organising a meeting with BH this week.

Re investigation – they need to do another EIC with Brittany to clarify a number of issues that have come up during the investigation.

Some of those may be traumatic and confronting.

Whenever they do the EIC, it's up to her, but it would be advisable to have some support from [REDACTED] or someone else.

Location: if she's prepared to come down here, or they can go to where she is (find suitable location).

They'd be asking her to **bring her phone** with her.

Ideally:

- In Canberra, or in Brisbane if can find an appropriate location there.
- Shouldn't take too long. A few hours.

They've done a lot of investigation in the matter. There are issues they need to clarify. The sooner they do this, the better.

Marcus would like the initial investigators who did the initial EIC to do the interview.

More practical to do it in Canberra. But if too hard – could try to look alternatives.

Advised Marcus I'd contact BH and come back to him.

**2:28pm Call to Brittany's mobile**

Communicated that I had spoken to Marcus:

Need to do a further interview

Would be with same investigating officers you originally spoke with

Would likely take a couple of hours.

Asked that you bring your phone.

Offered to arrange flights and accommodation on basis of FAS eligibility. BH happy to accept on this occasion.

BH happy to fly down Tuesday – interview Wednesday morning.

Fly home Wednesday evening.

Anything we can do to assist her with attending? BH confirmed she'd like me to attend.



Advised I'd call police then call her back to confirm arrangements.

Britt would like me to ask whether they have any specific areas / issues they're likely to want to talk to her about.

**2.45pm Call back to Marcus Boorman**

Brittany can come down for an interview wed morning. She can bring her phone.

Agreed 9.30 Wednesday @ Winchester

Any specific topics?

- Wouldn't like Brittany to have to pre-think
- Best they talk in person.
- Trying to be objective and transparent
- Half a dozen issues – in relation to the events on the night.

Fine for me to tell her this.

Advised I would confirm this with BH – Marcus let me know if anything further is required before next week.

**2.51pm Call to Brittany**

**From:** Yates, Heidi  
**Sent:** Friday, 21 May 2021 3:28 PM  
**To:** Boorman, Marcus <[REDACTED]>  
**Subject:** HIGGINS: Confirmation of date/time for further EIC

OFFICIAL: Sensitive

Hi Marcus,

Good to speak with you earlier this afternoon.

As discussed, I confirm we agreed that Ms Higgins will travel to Canberra for a further EIC at Winchester at **9.30am on Wednesday next week – 26 May**. Ms Higgins will also bring her phone with her to the appointment and has asked me to attend as a support person, which I am happy to do on this occasion if that is suitable to ACTP.

Please let me know if there is anything further you need to discuss. Otherwise, my office will assist Ms Higgins to organise flights and accommodation in relation to the trip to Canberra, and we will meet you or your colleagues at Winchester at 9.30am Wednesday.

Regards,

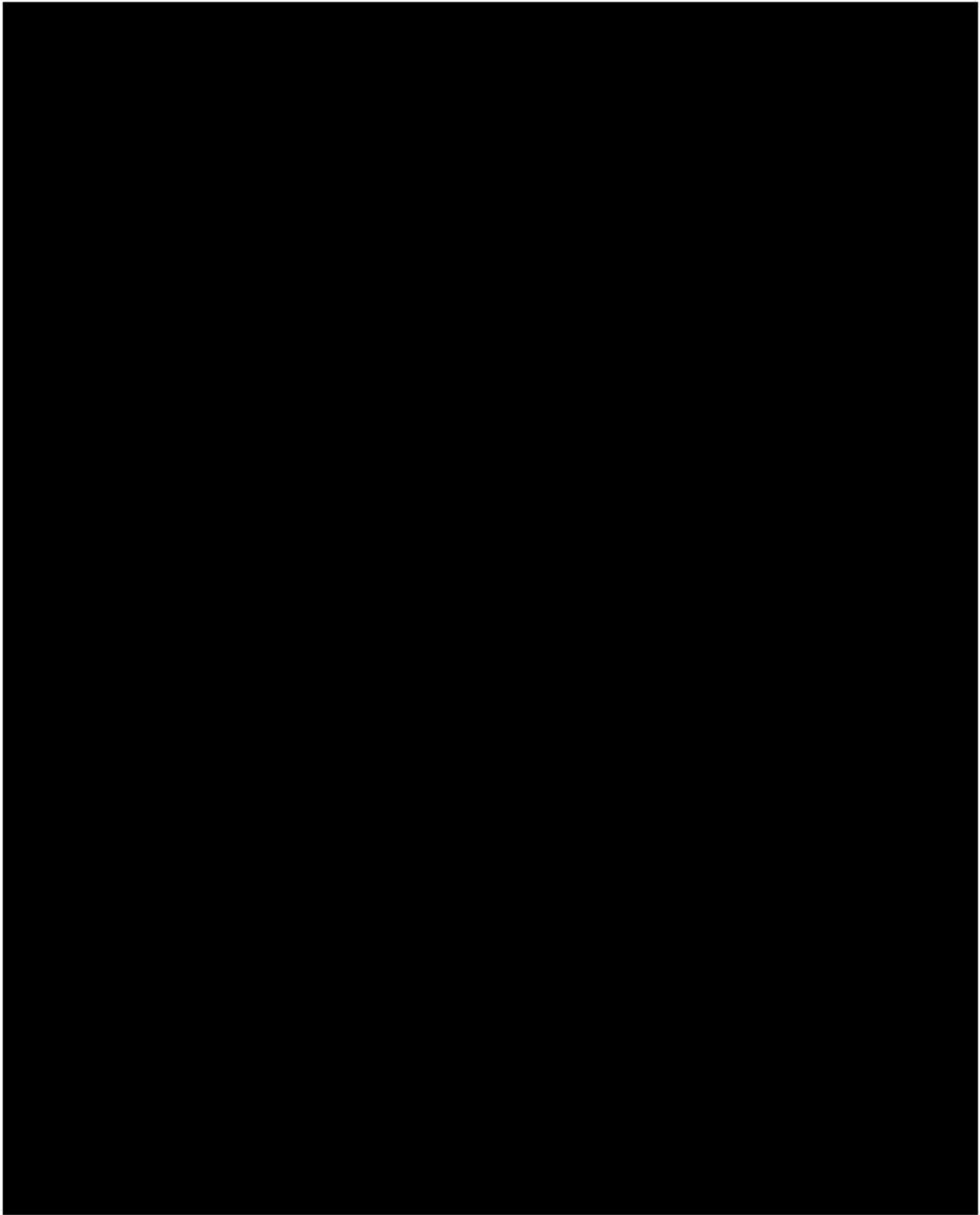
**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



[REDACTED]

OFFICIAL: Sensitive





[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**File note Tuesday 25 May 2021**

Email and text exchanges yesterday with BH regarding flights and accommodation.

**7.30am – call from Neil Gaughan.**

Commissioner is appearing before senate estimates this morning.

If asked, he will inform them that it's likely that in the next couple of weeks, a brief of evidence will be provided to the ACT DPP for consideration.

Can I please advise BH before media reports?

Advised I would do so.

**8.45am**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**File Note Wednesday 26 May 2021 HY**

Transported Brittany to Winchester for appt with police.

Greeted by Boorman, Moller, Gareth Saunders.

Sat in on EIC – Trent Madders and Emma Frizzell.

Following EIC – Moller, Boorman, Saunders + Madders & Frizzell – all in room.

Exchange regarding how things were going to get 'so much harder'.

Instruction to Brittany in harsh terms regarding no further contact with media.

Moller: 'if this can't go ahead, it'll be all for nothing'

I provided advocacy on BH's behalf noting that BH had undertaken extraordinary advocacy on a national level to drive systemic change. Criminal Justice outcome important – but inappropriate to suggest that if CJ matter doesn't go ahead, that it would be 'all for nothing'.

BH upset after meeting.

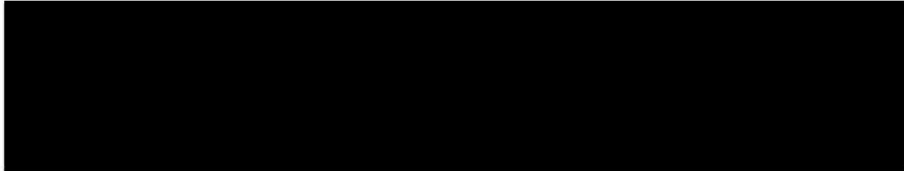
Transported BH to Parliament House for meeting.

Transported BH to Airport. Waited with her until flight boarding.

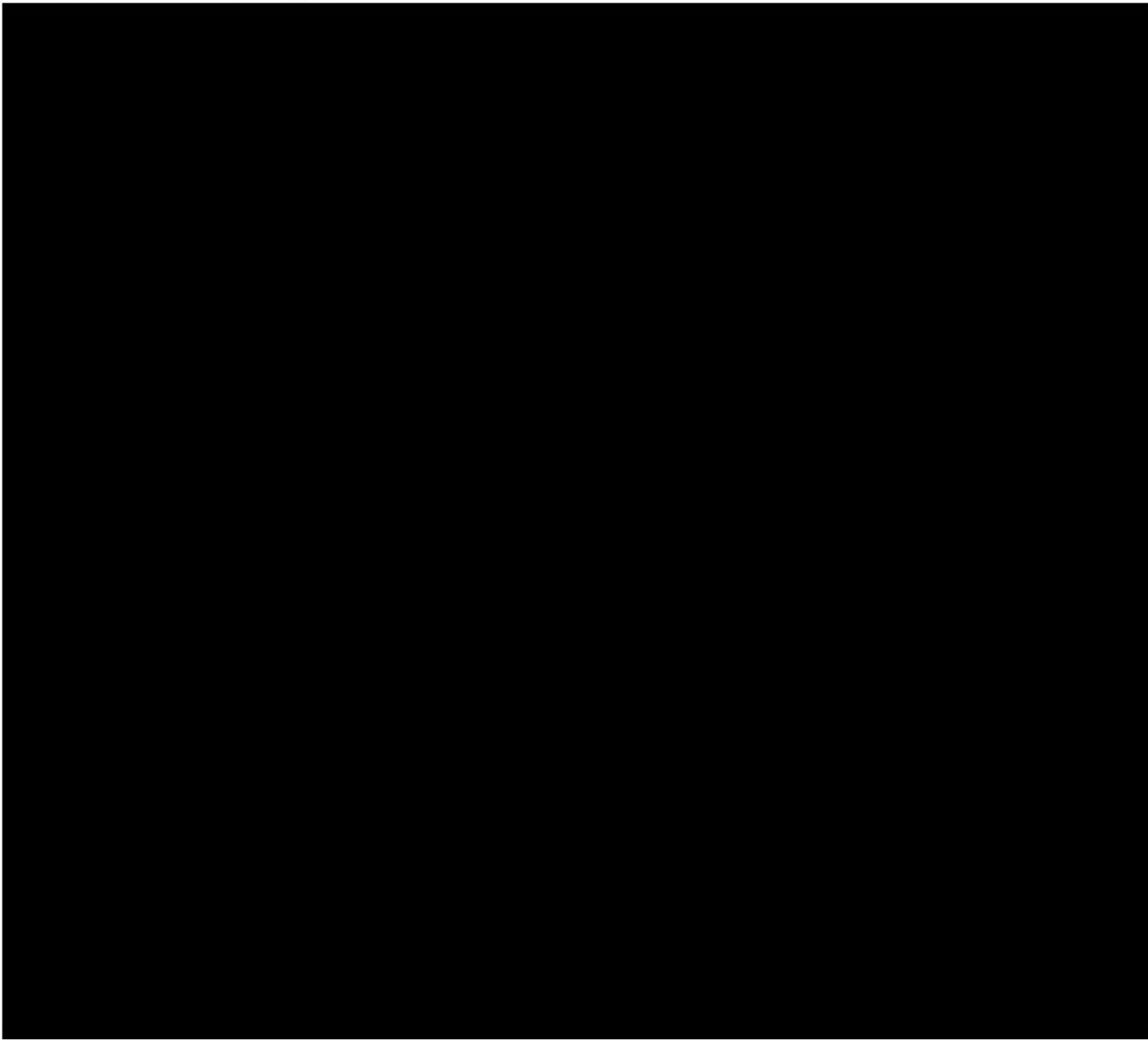
BH returned to Sydney on evening flight.

File Note Thursday 27 May 2021

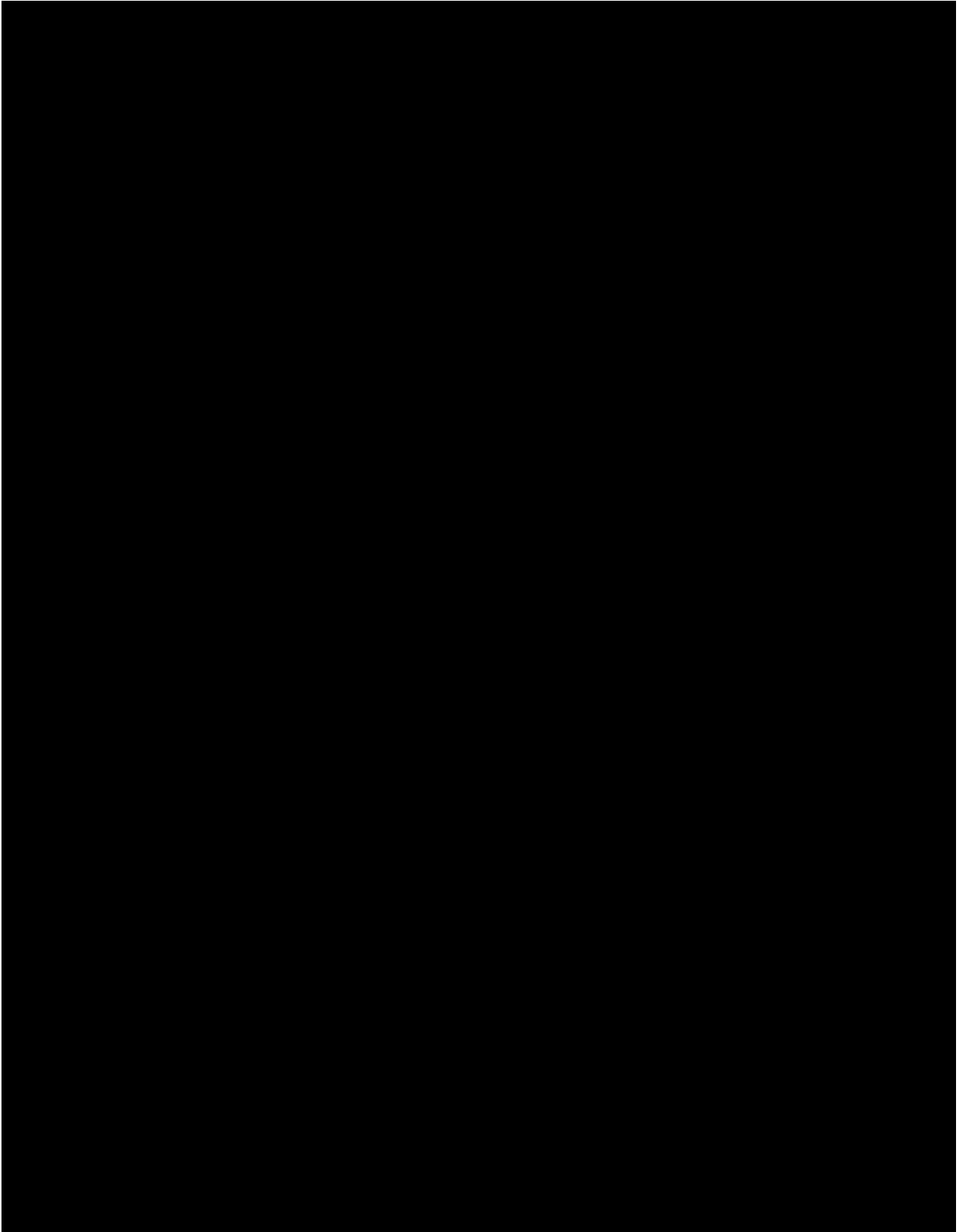
Call from Scott Moller:

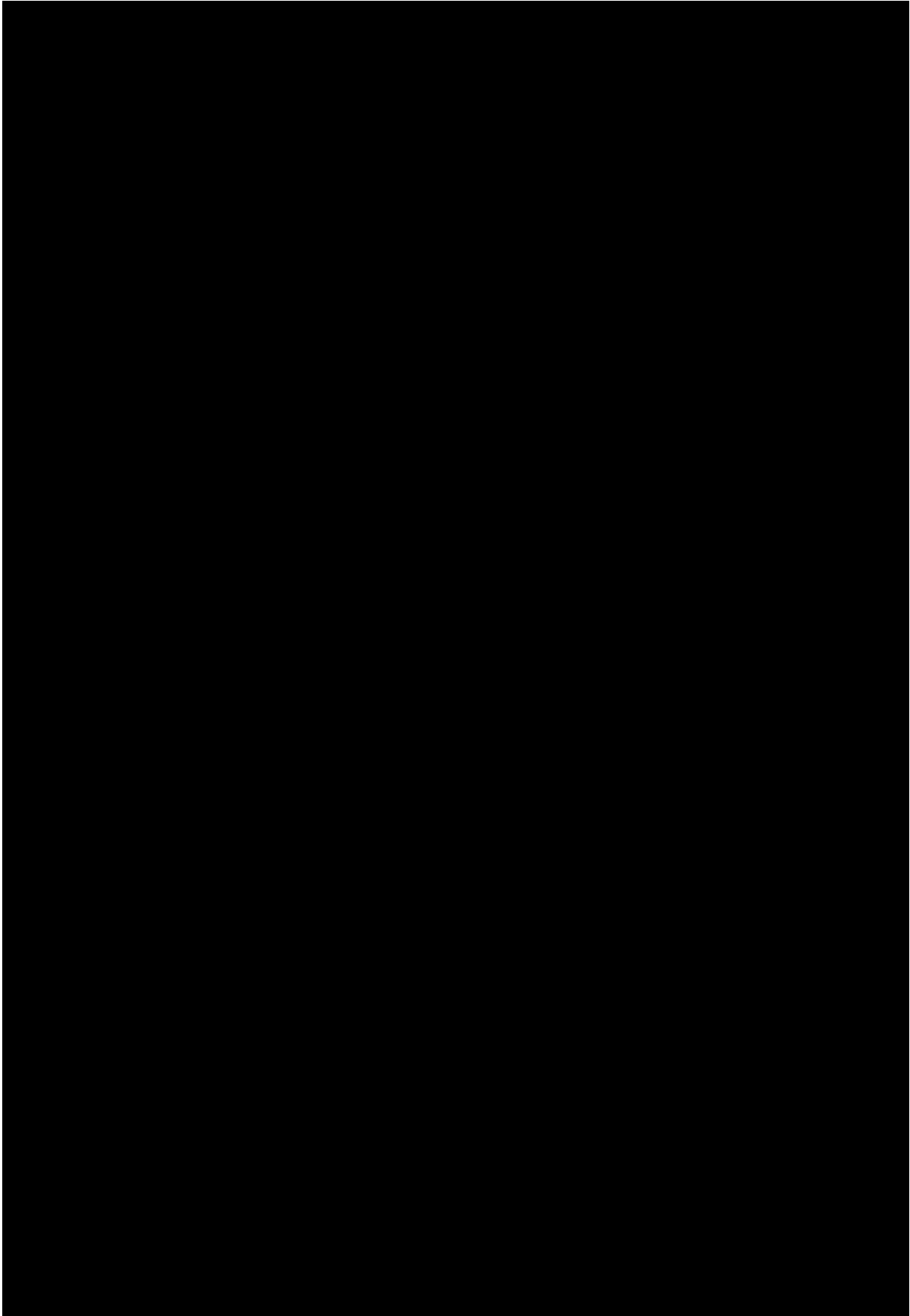


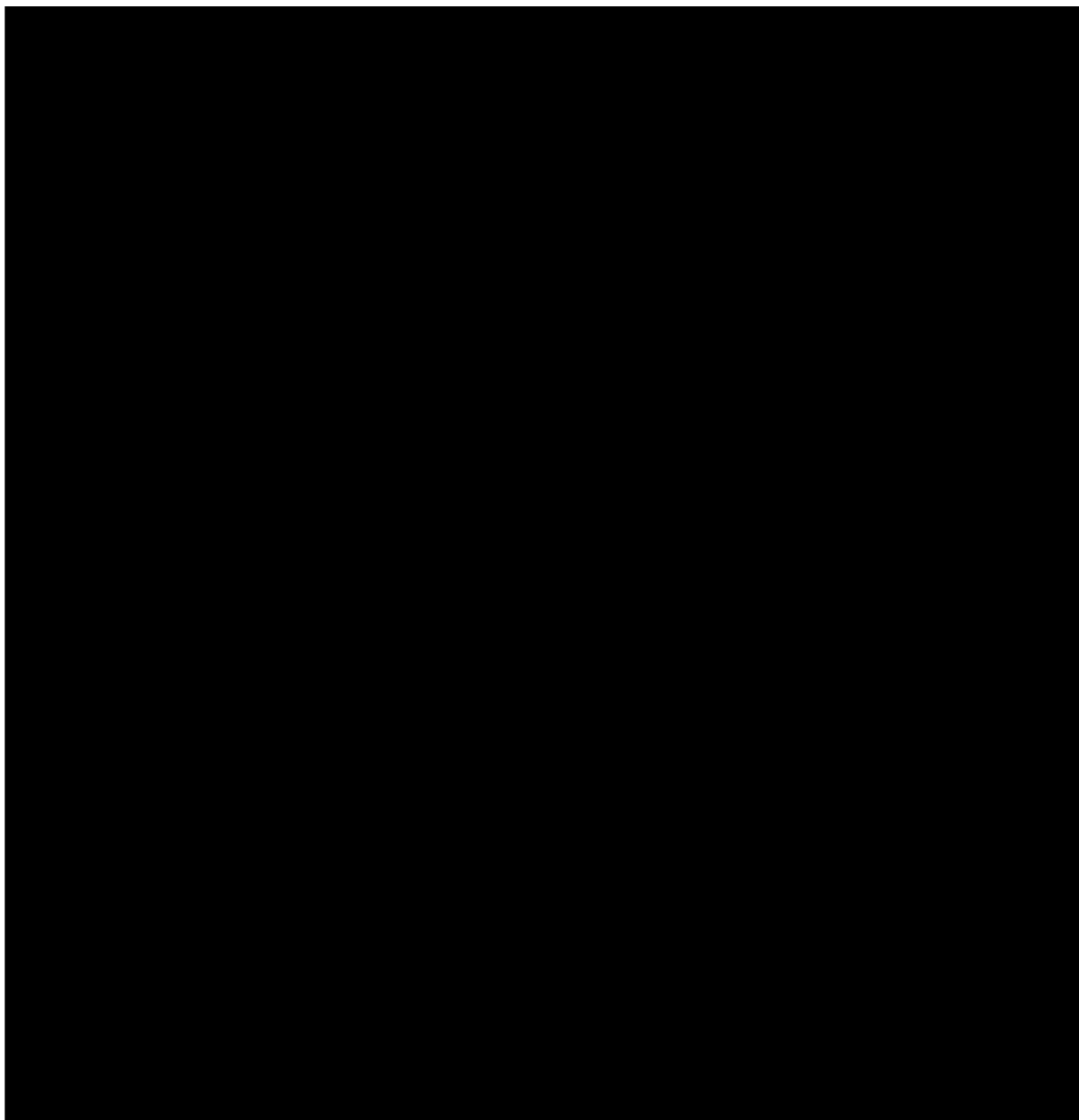
Call to BH mobile @ 4:49pm











**File Note Friday 28 May****12:59pm Text from David**

[REDACTED]

**3:12pm Text to David**

Confirming that just in case Brittany hadn't mentioned, police were clear at Wed's meeting that their strong view was that it wouldn't be preferable for Brittany to provide any further comment to media regarding any aspect of the case. I noted that it was Brittany's choice when she did and didn't speak but that it may be helpful for us to coordinate an approach.

**3:15pm Call from David**

David confirmed Brittany had spoken to him about holding off on media engagement.

[REDACTED]

**File Note Wednesday 2 June****6:26am Text from David**

[REDACTED]

**File Note Thursday 3 June**

**From:** Boorman, Marcus <[REDACTED]>  
**Sent:** Thursday, 3 June 2021 3:11 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Frizzell, Emma <[REDACTED]>;  
Madders, Trent <[REDACTED]>; McDevitt, Jason <[REDACTED]>  
**Subject:** re: Request Brittany Higgins [SEC=OFFICIAL:Sensitive]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL:Sensitive**

Good afternoon Heidi,

Following up from our recent engagement with Brittany on 26 May 2021, investigators require the following to assist the investigation.

- Brittany's iCloud password, as discussed with her when we last met. The passwords Brittany provided on the day are incorrect, and Brittany did mention they may be old ones or similar. Investigators require access and as such request Brittany provide us with current passwords;
- Financial documents - relating to Brittany's bank transaction records for the period – 22 March 2019 – 31<sup>st</sup> March 2019; and
- Consent to release "The Project" material (see attached consent form).

I would ask you make contact with Brittany to facilitate our requests at your earliest convenience. In the case of Brittany declining to provide any of the aforementioned material I would require written confirmation of this, also as soon as possible.

Please contact me if you require further explanation and thanks for your assistance.

Kind regards

Marcus

**DETECTIVE INSPECTOR MARCUS BOORMAN**

CRIME MANAGER - MAJOR CRIME  
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**3.15pm. Call to David.**

He was with Brittany. Noted police had emailed through seeking information. I will send through email. No rush to consider but when they're ready, please let me know if they require any further info to respond.

**From:** Yates, Heidi

**Sent:** Thursday, 3 June 2021 3:20 PM

**To:** Brittany Mae <[REDACTED]>

**Cc:** David Sharaz <[REDACTED]>; David Sharaz <[REDACTED]>

**Subject:** FW: Request Brittany Higgins [SEC=OFFICIAL:Sensitive]

**Importance:** High

OFFICIAL: Sensitive

Hi Brittany,

Good to speak to David briefly just now.

Please see below email from police seeking three things, which will aid their work.

If you'd like me to go back to them with any questions about what they're requesting – please don't hesitate to let me know.

Take care and talk soon,

Heidi

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



File Note Friday 4 June

**Missed calls** from Marcus Boorman and Scott Moller @ ACT P before 10am. Voicemail seeking advice re comments to media.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**10:24am Call to Marcus Boorman**

Confirmed;

- [REDACTED].
- Marcus: [REDACTED]
- Marcus confirmed that Brittany's wellbeing is paramount going forward. They are concerned regarding impact of criminal investigation and possible proceedings – will be a very difficult time.
- I identified that Brittany will be addressing difficulties that may be equally challenging in the face of charges proceeding, or not proceeding.

**3:44pm Texts from David**

Confirming he has confirmed with Lisa Wilkinson [REDACTED] no further comment. Keen for police to understand they aren't talking to the media further.

He notes Lisa has reported 'I have spoken to Brittany'. This didn't actually occur – Lisa spoke to David.

Notes they have a new puppy, Kingston. [REDACTED]

File Note Tuesday 8 June 2021

**Missed Call from David Sharaz at 8.26am**

**Call to David at 9.15am**

[REDACTED]

**Consent to be named**

A few journalists have contacted David about law in ACT that if offender charged – britt has to give her consent to be named. Does she have to give her consent?

Britt is happy to be named.

Advised – Brittany has a right to be consulted about this.

I will come back to them with legislative framework re public/private identity of complainant.

**Email from police**

- Britt has seen it.
- David will raise with her today.
  - o icloud password: she should know what that is
  - o bank transaction records
  - o David will print 'the project' consent form and take it home.
- I advised that don't want to put any extra pressure on Brittany, but this material may be holding up provision of brief to DPP. David concerned that Britt wouldn't want this to occur. Advised I'd contact police to discuss.

**Media:** Britt is off twitter.

**Well-being:** [REDACTED]

[REDACTED]



**11:45am Call to Marcus Boorman**

- Asked whether material in email is required for DPP brief
- Yes – but they don't want to put Brittany under any additional pressure
- Advised that I would let her know this, and encourage them to forward docs as soon as they're able to do so.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**From:** Yates, Heidi <[REDACTED]>

**Sent:** Tuesday, 8 June 2021 12:24 PM



**To:** Boorman, Marcus <[redacted]>  
**Cc:** Saunders, Gareth <[redacted]>; Frizzell, Emma <[redacted]>;  
Madders, Trent <[redacted]>; McDevitt, Jason <[redacted]>  
**Subject:** RE: Request Brittany Higgins [SEC=OFFICIAL:Sensitive]  
**Importance:** High

**OFFICIAL: Sensitive**

Hello Marcus,

Good to speak with you this morning. Please see attached:

- Signed consent for the Project to release material
- Bank statement for a period including the timeframes highlighted below.

I hope to have an update for you in relation to the iCloud password shortly. Brittany is willing to provide this, she is just in the process of ascertaining the correct password.

On behalf of Brittany, thanks to you and the team for your ongoing work on the investigation.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



[redacted]

[redacted]

[redacted]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**From:** Boorman, Marcus <[REDACTED]>  
**Sent:** Tuesday, 8 June 2021 1:02 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Frizzell, Emma <[REDACTED]>;  
Madders, Trent <[REDACTED]>; McDevitt, Jason <[REDACTED]>  
**Subject:** RE: Request Brittany Higgins [SEC=OFFICIAL:Sensitive]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL:Sensitive**

Hello Heidi

Much appreciated and I look forward to receiving the iCloud password shortly.

Once again thank you for facilitating the request.

Kind regards

Marcus

**DETECTIVE INSPECTOR MARCUS BOORMAN**

CRIME MANAGER - MAJOR CRIME  
ACT POLICING

Tel: [REDACTED] Ext: [REDACTED] Mob: [REDACTED]

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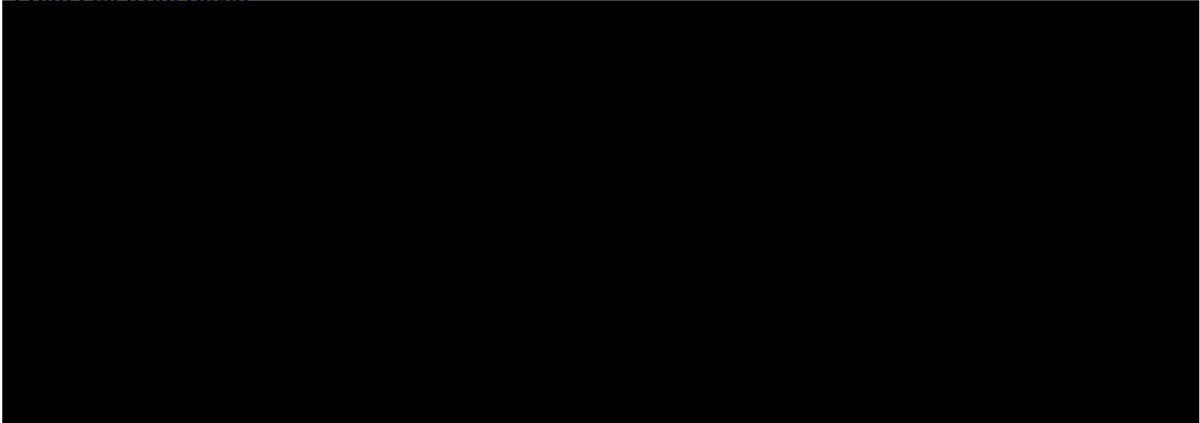
**12:03pm Text from David**

Britt concerned about providing icloud password. Concerned re privacy.

**12:43pm Text Reply to David** – indicating that I'd be grateful to have a think about this and come back to them.

**File Note Wednesday 9 June 2021****1.19pm Text to Brittany**

Asking whether she'd like to talk today regarding concerns about sharing of icloud address. Advised I was available this afternoon to discuss, or no pressure if today isn't a good day.

**File Note Thursday 10 June 2021****11am Call from David****11.18am Call to Brittany mobile**

Left message on voicemail.

Happy to discuss diff options with police if she would like, to try and ensure they get what they need in a timely way, whilst also preserving her privacy wherever possible.

Would be great if she could CMB to just confirm she's happy for me to follow up with police on this, keen to make sure she and I are on the same page before I speak with them.

**11:27am Text to David**

**11.30am Call to Marcus**

Haven't been able to reach Brittany directly as yet.

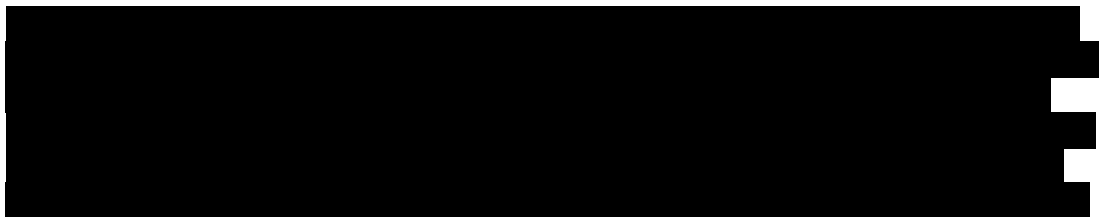
Don't want to presume what she's thinking,

But in effort to try and move things forward, conscious that one possibility is that she's feeling stuck:

- Doesn't want to stand in the way of the investigation, but
- hesitant about handing over icloud password in terms of the significant personal material available – including material about loved ones. Bulk of this material won't be relevant to investigations.
- Thought I'd call to understand whether there's any other way for us to go about this.

**Marcus:**

- This is where it gets problematic.
- They're looking for:
  - Access to email, to look for certain material.
  - Email material.
  - They're aware of certain things through analysis of emails sent/received.
  - They need to look at content.
  - Exculpatory and inculpatory evidence.
- Got the phone, and still going through that – lots of material on it.
- They only use what is relevant to the investigation. What is not relevant they're not keeping.
- Police don't want any inference to be drawn about evidence being withheld.
  
- I indicated again that I hadn't spoken to Brittany and that there was no suggestion of evidence being withheld, rather – might there be way of upholding her privacy whilst also ensuring police get the info they need.
- Keen to explore options with a view to ensuring the investigation can progress.
  
- If emails are the key focus – can we identify a way to arrange for police to access that information specifically?
  
- He'll think about it and discuss with the team and come back to me. 'Maybe we can be a little bit more specific.'
  
- I thanked Marcus for this and again, indicated I hadn't heard directly from Brittany on this but would be grateful to hear his thoughts re any options I could proactively put to her.

**11:48am Text to Brittany and David**

[REDACTED]

12:53pm Text from David

[REDACTED]

12:55pm Call back to David

[REDACTED]

**From:** Boorman, Marcus <[REDACTED]>  
**Sent:** Monday, 14 June 2021 7:25 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Madders, Trent <[REDACTED]>  
**Subject:** Brittany Higgin's request for iCloud password [SEC=OFFICIAL:Sensitive]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL:Sensitive**

Good evening Heidi,

Following up on our conversation on Thursday 10 June regarding concerns Brittany may have re: providing her iCloud password due to privacy and whether the scope of access could be more specific to elevate some concerns Brittany may have.

From the outset of the investigation Brittany was informed of the investigation process and that these types of investigations can be quite invasive and this is unavoidable in sexual assault investigations. In addition I have been advise investigators explained to Brittany a number of times that any delay in accessing data or undertaking mobile phone examinations has the potential to decrease the evidentiary value in these matters however, it is the right of any victim to decide whether or not they will permit police to undertake any such examinations.

I have conversed with the investigation team regarding how or what we may do to alleviate Brittany's privacy concerns and unfortunately investigators require full access to all electronic data for the purpose of identifying relevant evidence in relation to a matter and again any restriction in access has the potential to inhibit the investigation and /or investigation outcome.

We are at a significant point in the investigation process and I require a response as soon as possible. If it is the case Brittany is unwilling to provide her iCloud password to police, whatever the reason, I request this be provided in writing at the earliest opportunity for recording purposes.

If you could please speak with Brittany regarding this matter in the coming days it would be appreciated.

Kind regards



Marcus

**DETECTIVE INSPECTOR MARCUS BOORMAN**  
CRIME MANAGER - MAJOR CRIME  
ACT POLICING

Tel: [REDACTED] Ext: [REDACTED] Mob: [REDACTED]

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File note Tuesday 15 June 2021

**9.16 Text from David**

[REDACTED]

**10:28am Call to Marcus Boorman**

Noting his email from last night. Indicated I would seek advice from Brittany and come back to him.

**10:35am**

[REDACTED]

**10:47am Call from David**

[REDACTED]

[REDACTED] - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**4:44pm Text from David**

[REDACTED]

**4:52pm call to David**

[REDACTED]



**From:** Yates, Heidi  
**Sent:** Wednesday, 16 June 2021 9:26 AM  
**To:** Boorman, Marcus <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Madders, Trent  
<[REDACTED]>; Brit Mae <[REDACTED]>  
**Subject:** RE: Brittany Higgin's request for iCloud password [SEC=OFFICIAL:Sensitive]  
**Importance:** High

**OFFICIAL: Sensitive**

Hi Marcus,

Further to my voicemail yesterday, I have just left you a further voicemail.

To confirm, I understand Ms Higgins is anxious to ensure your team can access the information they need, but also that any reasonable privacy measures that can be put in place are considered, noting she has had the phone/icloud account for much of her adult life, and that the account includes substantial information that is not relevant to the current investigation.

I have been advised this morning that Ms Higgins has sought the advice of lawyer Mr Leon Zwier (of Arnold Block Leibler), who would like to speak with you this morning on behalf of Ms Higgins in relation to identifying a way forward. In particular, he is keen to identify how Ms Higgins can be as helpful as possible in these final stages of the investigation.

I am advised that Mr Zwier will try to contact you via mobile this morning to discuss.

Please let me know if I can be of further assistance.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**From:** Boorman, Marcus <[REDACTED]>  
**Sent:** Thursday, 17 June 2021 8:10 AM  
**To:** Yates, Heidi <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Madders, Trent <[REDACTED]>; Brit Mae <[REDACTED]>  
**Subject:** RE: Brittany Higgin's request for iCloud password [SEC=OFFICIAL:Sensitive]

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**OFFICIAL:Sensitive**

Good Morning Heidi

I received your voicemail – I just come off nightshift. I will contact Mr Zwier today to discuss.

Kind regards

Marcus

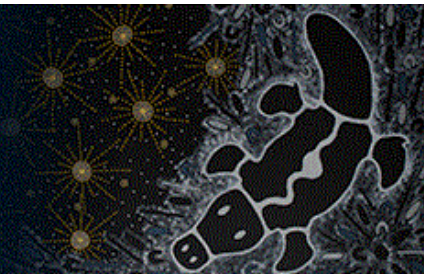
**DETECTIVE INSPECTOR MARCUS BOORMAN**  
CRIME MANAGER - MAJOR CRIME  
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The Australian Federal Police acknowledges the traditional owners and custodians of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to the people, the cultures and the elders past, present and emerging.



**From:** Yates, Heidi  
**Sent:** Thursday, 17 June 2021 9:39 AM  
**To:** 'Boorman, Marcus' <[REDACTED]>  
**Cc:** Saunders, Gareth <[REDACTED]>; Madders, Trent  
<[REDACTED]>; Brit Mae <[REDACTED]>  
**Subject:** RE: Brittany Higgin's request for iCloud password [SEC=OFFICIAL:Sensitive]

OFFICIAL: Sensitive

Thanks Marcus,

I know it's been an extremely busy time for you and the team.

I'm sure Ms Higgins will be grateful if you're able to speak with Mr Zwier today.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**File Note 21 June 2021**

**2:07pm Text from David** noting ABC was confirming that partial brief be provided to DPP.

**3:30pm Call to Marcus Boorman**

\* BH Has found out from the media that partial brief has been provided. Have I missed a communication from your team providing a heads up on this?

- Marcus had no idea DPP were going to put that out.

HY: Noting discussion about us all being on the same page re a media strategy this is not ideal. Marcus agreed. We had agreed to be on same page – Marcus agreed.

Marcus: Senate estimates – they said a brief would be going up soon.

HY: agreed – BH and I were informed of this when we last met at Winchester but I note that any media about matter will spark a flurry of inquiries to her – only fair and appropriate that she have a heads up to be prepared for this. Particularly given key goal for police is supporting is her wellness.

Marcus agreed.

He spoke to Mr Zwier – Marcus is preparing a letter now about what they can and can't do. He'll be forwarding that to Mr Zwier today to finalise agreement re way forward.

Advised I would be calling Drumgold. We need to do better going forward re info flow.

Marcus open to discussing.

**3:40pm Call to Shane Drumgold.**

He was asked by journalist – have you received? He answered honestly.

Indicated I had spoken to police – they weren't aware media comment would be made. Hadn't given BH a heads up. Not ideal. He noted he hadn't discussed with police.

**5:04pm Call to Brittany** – no answer – left message indicating I was calling to follow-up on info from police & dpp in context of today's media.

**Text from Brittany:** asking that I please call David.

**5:13pm Call to David:**

Thanked him for heads up.

Let him know I had called Police

- Marcus Boorman indicated he wasn't aware that any information was going to be provided to the media.
- His team only gave him a heads up once it was reported
- Agrees it was **very unhelpful** that this occurred without Brittany being given a heads up
  - o Notes we agreed to be on the same page regarding media engagement
  - o Noted Brittany has complied with this
  - o Noted that this was not how police would have wanted this to go.
  
- Spoke to DPP: he indicated that he was asked a question.
  - o He answered honestly.

Noted that in my view – essential we have heads up going forward on key matters (wherever possible).

**Next decision-point**, likely:

- When remainder of brief is provided to DPP (noting if asked, Drumgold likely to confirm when this has occurred).
- Timeframe for this will depend on settlement of icloud issue.
- David advised Leon and Marcus have agreed scope of protocol for icloud search. I advised David that Marcus indicated he was going to write back to Leon by COB today to confirm what they'd agreed.
- If icloud material is sourced quite quickly – may only be another week or so before remainder of brief is provided.

I will discuss with police re them providing a heads up when this is occurring.

**Next decision-point:**

- Potential provision of advice from DPP to Police – this is protected by legal professional privilege.

Next decision-point;

- Likely when police inform Brittany re nature of advice, and if advice is that case can proceed – decision for her to make about whether she wants charges laid.

Spoke briefly regarding:

- If charges laid – arrest v summons.
- Whether accused is able to speak to media? Yes – can't be restricted but noted in my view, unlikely given his identity isn't currently public.
- Whether accused has to attend court in person: advised – would usually do so other than in extenuating circumstances. I will double check and advise on this.





File Note Tuesday 22 June 2021

**11.50am TA Stephanie Foster**

Hoping to land her final report this week but work on resolutions may be pushed out to the winter recess (due to other work related to leadership change).

Phil – has been asking, when can he finalise his report.

Brittany has indicated she wants to contribute. Need to make sure there's opportunity for that.

Can I talk to B about:

- 1. How does B see this playing out from here. Is she expecting phil will wait until she's ready, then he'll be able to finalise.
- Some form of words that she's comfortable with if he or the PM need to talk about where it's at, so it doesn't look they're blaming the delay on her.

Stephanie concerned: if it doesn't find what Brittany believes to be right, or expects to find, is that going to have a very bad impact (same way as Kunkel)?

Not trying to put her under pressure. Not her response could be one of many things:

- o I just don't want to engage with that question at the moment (Stephanie would advise Phil – I don't think you can conclude)
- Or – I think I'll be ready shortly.
- Or – I don't want to participate at all.

For example, there was an amount of material circulating within the media which – from talking to BH – some of this is material that had already circulated.

If she wanted to indicate through me what material she'd like them to take into account

- If there's anything

Stephanie is also happy to talk to her directly.

If answer is – I think I'll want to contribute (but not right now):

- We need to hold: they don't want to say anything that would make her feel like they are holding her to account for that.
  - o Eg. if PM asked in question time – want to make whatever they say

**Possible gvt line:**

Phil could say – I'm not going to conclude my report until Ms Higgins has had a chance to contribute.

From B's perspective - she hopes it's ok for her to reach out to me.

**12.11pm Text to David**

Noting I had spoken to Stephanie, she's keen to understand if BH wants to contribute to report. Querying if I might wait until David is at home with Brittany before I text them both?

**12.15pm Call from David**

I advised:

I've just had a call from Stephanie Foster who sends her warmest wishes to Brittany. She didn't want to add any additional pressure to B's week, but was touching base briefly in relation to the Gaetjens report. In brief, Phil is choosing not to finalise the report until he's clear about whether B would like to contribute anything further.

This absolutely no pressure to do so (now or later) but if B perhaps had a sense of whether she'd like to contribute anything further prior to finalisation, that information would be most welcome.

D will discuss with B and come back to me.

**Text from David:** B wants to contribute – but not this week. Would like me to inform Stephanie of this. B doesn't want to be 'blamed for delay'.

**Text to David:** thanking him for this update. Suggesting B may be able to speak with Stephanie rather than Phil – would this help? I could also communicate content so she didn't have to directly?

**File Note 23 June 2021**

**Text from David:** Discussion with Leon [REDACTED]

**File Note Friday 25 June 2021**

**5:10pm** Discussion with Stephanie Foster – BH would like to contribute, but not this week. Not sure of timeline – depending on how she's travelling. Could she speak to Stephanie rather than Phil? Stephanie will check with Phil.

**5:25pm** Text from Stephanie – fine for BH to speak with her (rather than Phil). Advised by return text that I would let BH know this ASAP.

**5:28pm** Text to BH and David noting above advice from Stephanie, and offering to assist (when, and if, BH is ready) with this conversation eg. attend in support her help her prepare.

**File Note Monday 28 June 2021**

[REDACTED]

[REDACTED]

File Note Tuesday 29 June 2021

9:54am text to David [REDACTED]

9:57am Call from David

[REDACTED]

D's been reading the DPP's policy.

When will rest of brief go up?

Noted that I would email Marcus today to ask for a heads up

[REDACTED]

She can't write the book – as can be subpoenaed. She's playing tetris.

Worried no-one's going to listen once she can speak again.

[REDACTED]

[REDACTED]

[REDACTED]

**From:** Yates, Heidi

**Sent:** Tuesday, 29 June 2021 10:23 AM

**To:** 'Boorman, Marcus' <[REDACTED]>

**Cc:** Brit Mae <[REDACTED]>

**Subject:** Heads up & Timeline for finalisation of brief

**Importance:** High

OFFICIAL: Sensitive

Hi Marcus,

Just touching base, noting that I understand your team will now be working to finalise the outstanding matters in the DPP brief.

Are you able to confirm that police will provide my office with a heads up when the remainder of the brief is provided to the DPP? Which we presume may be in the next 1-2 weeks?

As discussed in our earlier conversation it's likely that, if asked, Shane Drumgold will inform the media when he has received the full brief. Noting this is likely to generate further media interest (including direct requests to Ms Higgins for comment) it would be helpful for Ms Higgins to be on notice when the full brief is provided to the DPP. In particular, this will aid her to adhere to the media approach agreed with police, which is that she will not provide any independent comment on the matter, but will be kept in the loop regarding police or dpp media engagement on her matter.

Please let me know if you'd like to discuss further.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



VICTIMS OF CRIME  
COMMISSIONER  
ACT Human Rights Commission

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**From:** Moller, Scott <[REDACTED]>  
**Sent:** Tuesday, 29 June 2021 2:44 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** FW: Heads up & Timeline for finalisation of brief [SEC=OFFICIAL:Sensitive]  
**Importance:** High

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL:Sensitive**

Hi Heidi,

I'm the point of contact for this matter, please touch base with me for any further queries re this investigation. In response to your below question, I have allowed the investigation team a time line of 4 weeks, noting the current COVID restrictions for the remainder of the brief of evidence to be prepared and presented to the DPP and I'm happy to advise when that is complete.

Additionally I will need to see Ms Higgins personally next week and I'm happy to travel to her if that is easier – are you able to facilitate this meeting?

Regards Scott.

**DETECTIVE SUPERINTENDENT SCOTT MOLLER**  
CRIMINAL INVESTIGATIONS  
ACT POLICING

Tel: [REDACTED] Ext: [REDACTED] Mob: [REDACTED]  
[www.afp.gov.au](http://www.afp.gov.au)



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**From:** Yates, Heidi <[REDACTED]>  
**Sent:** Tuesday, 29 June 2021 3:00 PM  
**To:** Moller, Scott <[REDACTED]>  
**Subject:** RE: Heads up & Timeline for finalisation of brief [SEC=OFFICIAL:Sensitive]  
**Importance:** High

**OFFICIAL**

Hi Scott,

Thanks for confirming you're the updated contact for this matter.

I'll advise Ms Higgin regarding the 4 week timeline for finalisation of the brief, and welcome your confirmation that you'll advise us when it is complete.

Regarding a face to face meeting, I'm happy to facilitate a request but I'm not confident that Ms Higgins will be open to a personal meeting next week (although thank you for offering to travel to her). To aid her consideration, are you able to provide some further info re the nature of the meeting? I can discuss by phone. You have my mobile or direct line: [REDACTED].

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**From:** Moller, Scott <[REDACTED]>

**Sent:** Tuesday, 29 June 2021 4:08 PM

**To:** Yates, Heidi <[REDACTED]>

**Subject:** RE: Heads up & Timeline for finalisation of brief [SEC=OFFICIAL:Sensitive]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL:Sensitive**

Thanks Heidi,

I need to discuss the preliminary findings of the DPP with her. Appreciate if you could facilitate it.

Kind regards

Scott



**DETECTIVE SUPERINTENDENT SCOTT MOLLER**  
CRIMINAL INVESTIGATIONS  
ACT POLICING

Tel: [REDACTED] Ext: [REDACTED] Mob: [REDACTED]  
[www.afp.gov.au](http://www.afp.gov.au)



POLICING FOR  
A SAFER AUSTRALIA

**From:** Yates, Heidi  
**Sent:** Wednesday, 30 June 2021 5:00 PM  
**To:** Moller, Scott <[REDACTED]>  
**Subject:** RE: Heads up & Timeline for finalisation of brief [SEC=OFFICIAL:Sensitive]

OFFICIAL: Sensitive

Thanks Scott,

I'm progressing this request and will come back to you ASAP.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



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COMMISSIONER  
ACT Human Rights Commission

File Note Wed 30 June 2021

**5:03pm Text to Brittany and David**

Noting police have asked me to communicate that they'd like to meet to provide an update. Pls let me know when would be a good time to discuss.

**5:05pm** Text from Brittany – asking me to speak with David.

**5:05pm 30 June 2021**

Call from David.

They've had contact with police today - 45 minutes ago. Police just started sign into her icloud. They started getting authentication codes.

David rang Marcus because every time they signed in – popped up with a 6 digit code to Brittany. David called and said – we can give you the code. Marcus required advice on how to use icloud.

Advised:

- Email of 2:44pm – will send to you shortly.
- Email of 4:08pm

**Discussed options for contact going forward:**

Noting last interaction with Scott Moller was not favourable, [REDACTED], we can explore options for communication:

- via me
- via David and me
- Online conversation: skype,
- In writing
- Gathering indication of what the meeting will be about.

FAS – can cover spouse travelling for justice related expenses.

- Can it be done sooner?

**5:25pm**

Call from David

- She wants them to tell VOCC office, or Leon if it's a yes or a no.
- I said I'd forward email and B can respond re preferred next step.

5:43pm

Test from Britt indicating that she's coping, but doesn't want to engage in any other unnecessary protracted conversations with the police on top of all the gvt reviews. A simple thumbs up, thumbs down, would be preferred.

**From:** Yates, Heidi

**Sent:** Wednesday, 30 June 2021 5:47 PM

**To:** Brit Mae <[REDACTED]>

**Cc:** David Sharaz <[REDACTED]>

**Subject:** FW: Heads up & Timeline for finalisation of brief [SEC=OFFICIAL:Sensitive]

**Importance:** High

OFFICIAL: Sensitive

Hi Brittany,

Please see below exchange of emails from police, following the email that I cc'd you into to Marcus on Tuesday morning. As discussed, Detective Superintendent Scott Moller has indicated he's now the contact person for your matter.

Please let myself or Police know how you'd like to proceed, or let me know how I might assist to progress.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



File Note Friday 2 July 2021

**3pm Call to Britt and David**



Marcus did ring Leon – unusual because Scott indicated he was the contact. Britt noted she doesn't understand why the usual detectives aren't still running this.

Marcus to Leon:

- We really would like a good working relationship with B, we need to be able to talk to her. Not go through all these people.
- We need to work together to prosecute this.

Leon tried to probe Marcus as to why they're coming up. It wasn't a green light / red light situation.

Leon thought: They'd spoken to perpetrator and DPP has asked for them to put his account to them in person.

Not clear why Moller and Boorman would need to do this rather than Trent and Emma.

Discussed Moller's email – says he needs to discuss the preliminary findings of the DPP with her.

But when Marcus called – didn't provide preliminary findings.

Reasonable to ask what those findings are.

And how the proposed next steps link to those findings.

- If further EIC is required:

- What will the questions be about
  - Could it be trent and emma (not Scott)?
- 
- If EIC isn't required, can information or questions go via me, or via on-line discussion?

Advised B that if she has to participate in further EIC – and wants support person with her – I can attend.

#### File Note Wed 7 July 2021

10:07pm Text from BH asking me to pls attend meeting with Police in Brisbane on Monday if I am available.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

#### File Note Thursday 8 July 2021

3.18pm Text to BH and DS checking they are ok noting Drumgold's media comments.

3.19pm Text form BH indicating they are doing ok and thanks for checking in.

3:21pm Text with BH and DS – glad she's doing ok. I'll be there Monday. Will Leon clarify time/location?

5.19pm Text from DS (in stream with BH): Heard from Leon, locked in for Monday AFP headquarters close to home.

7:18pm Text back to BH & DS: Glad the meeting location is close, my flight will get in at 8am. I will taxi to meet them.

7.20pm Text from David with address.

#### File Note Friday 9 July 2021

2:59pm Text to BH & DS:

#### File Note Monday 12 July 2021

Morning flight to Brisbane.

Arrived at BH's home address.

Discussion regarding next steps with Police.

### **Meeting with Scott Moller & Marcus Boorman @ Brisbane Newstead AFP station**

Marcus advised:

- Have received advice from DPP on partial brief
- Has advised there are reasonable prospects of conviction
- This is the advice foremost in Police's minds as they complete investigations
- Want to work with BH in a partnership – to ensure they put the best evidence before the court.
- A few questions to cover today

### **Issue 1: Images available on icloud**

- Query from a witness that they saw BH taking photos/selfies of herself and others on evening in question. Any of these on her phone?
- Bruise on her leg – police trying to confirm the timing of this bruise photo, referenced in media reporting.
- BH: I took it to send to myself via Whatsapp during budget week 2019.
  - Police have screenshot dated 19 Jan 2021.
  - Was when BH sent to 'The Project'

Q: Is there a way for BH to confirm what date the original photo was taken? Would it be on your old phone? BH confirmed that Whatsapp had been wiped (she wasn't the one who did this). No longer has original picture.

BH said some of her photos available on Google drive, connected to icloud. Police should be able to access via icloud.

Police unclear how to do this.

BH connected to google drive whilst in meeting – showed them photos taken on afternoon before incident – drink on table. Advised happy to share direct access to google drive.

### **Issue 2: 21 May**

When they looked at BH's phone, saw that BH had sent David an audio file.

BH said 'I'm clearing out my phone head of giving to police'

Police: Issue: Are there reasons for this kind of message that can assist here? Looks deceitful.

BH – was getting rid of audio. Had recorded some conversations for personal records. Didn't know if this was ok. Didn't want to leave them on her phone.

Moller: I understand why you wouldn't trust the system.

Marcus: Even if we can't find a specific answer to a particular question, it's ok.

### Issue 3: 23<sup>d</sup>

Did BH receive a private email from Bruce?

BH had 'purged' a lot of emails etc from him. Purged him from her life.

Maybe in Gmail trash? Police will get their digital team on it.

Next steps:

- 20 July – full brief to be finalised. May depend on timing of digital forensics.
  - Police will contact BH to say that brief is together.
  - Will indicate that they've made a final decision.
  - Will send full brief package to DPP
  - They imagine DPP advice will be the same
  - Decision is police's as to whether what and how to charge
  - Likely to proceed by way of 'quick service summons'
  - Serve op and his lawyer – they'll have 2-3 days to appear
  - Op's lawyer will then be served with brief of evidence
  - Committal then trial: defence will consider brief, may try to argue that case shouldn't be heard, that there is 'no case to answer'
- Police emphasised the BH will need support through this time.
  - Want her to feel that she's part of their team.
  - She will need to be ready for scrutiny at a whole other level
  - Moller wanted to be able to pick up the phone
  - Wants BH to get to know him and Marcus – they have state policing backgrounds. Not into the politics.
  - The fact that matter looks like its going to court is great validation for BH.
- Next meeting is likely to be about the timeframe for the summons.
  - And how media will be informed that matter is going ahead.
  - If BH is being influenced by anyone else – pressured by anyone else – please let police know.
- Police indicated they needed BH's old phone.
  - Agreed I would get them, then bring them back to Police
  - Meeting concluded.

BH and I walked back to her home.

David had key – wasn't home yet.

Waited for his return.

Went back to home – I received phones – went back to station to provide to Moller and Boorman.

Returned to home.

Met with David, Kelly (BH's mother) and BH, de-briefed from Police meeting, primarily around next steps.

Taxi to airport + plane home.



**From:** Yates, Heidi  
**Sent:** Thursday, 26 August 2021 12:41 PM  
**To:** Brit Mae <[REDACTED]>  
**Cc:** David Sharaz <[REDACTED]>  
**Subject:** RE: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]

OFFICIAL: Sensitive

Hi both,

I've just re-worded to explicitly reflect the DPP's advice – can you pls double check you're comfortable with the below as a final draft? Amendments welcome.

Many thanks,

Heidi

.....

Hello Stephanie,

Thank you for your recent email to Brittany regarding the Gaetjens inquiry (below), which Brittany has discussed with me. We have also sought the DPP's views on the helpful options raised in your email, noting that the matter is now with his office, rather than with ACT Policing.

The ACT DPP, Mr Shane Drumgold, is of the clear view that the Gaetjens inquiry should not proceed whilst the related criminal matter is on foot. Mr Drumgold emphasised that the matter is under judicial consideration and therefore should not be publicly discussed elsewhere. He noted that:

- Mr Gaetjens indicated publicly that he had previously paused the inquiry for two months after advice it would interfere with a police investigation. Mr Drumgold's view is that any concerns that Mr Gaetjens held that his investigation could interfere with a police investigation remain equally valid for legal proceedings whilst the matter is Sub Curia.
- Further, based on the media surrounding the inquiry, the investigation and resulting report which may be published in relation to Mr Gaetjens' investigations and resulting opinion will likely deal with the details, timing and scope of any complaints made by the complainant, and the action of persons (including ministers) who may be witnesses in the proceeding. In his view, the publication of such opinion whilst the matter is Sub Curia could be highly prejudicial to the proceedings. He specifically referenced the finding of the High Court in *R v Glennon* (1992) 173 CLR 592, that stated: *...negative pre-trial publicity is capable of leading to a permanent stay where the judge cannot relieve against its unfair impact.*

We hope the above advice may be of assistance in your decision-making regarding next steps. Thank you again for reaching out to Brittany to explore options.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



----- Forwarded message -----

From: **Foster, Stephanie** <[REDACTED]>  
Date: Mon, 23 Aug 2021 at 6:10 pm  
Subject: RE: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]  
To: Brittany Mae <[REDACTED]>

**OFFICIAL: Sensitive**

Hi Brittany. Sorry for the delayed response – I was trying to take some leave last week (sadly not at the snow as planned) and ended up being pretty tied up with implementation issues. I'll email more on that separately (but it's going really well!)

Thanks for the detail below, and for your willingness to find a way forward. I have three thoughts, not mutually exclusive:

Firstly, I wonder if I/we together might talk with the AFP, so between us we can explain the nature of the coverage of the review, and the nature of the material you want to present, so they can assist with views on where potential sensitivities might be. I'd have to check with them if they could do that without prejudicing anything, but I didn't want to make any contact before I had checked with you.

Secondly, with regards to your legal advice, would it be helpful to have me participate in some part of a meeting with your lawyer so I can answer any questions about scope/coverage? My feeling, reading your email below, is that we could avoid any areas of possible contention in the final report once we had talked this through.

And thirdly, should we discuss a scenario where it's not safe/sensible for you to contribute while the trial is pending/underway, and how Phil could conclude the report, acknowledging that you wanted to input but couldn't (in better words than that). One way or the other we need to find a way to finalise the process.

Happy to talk any of this through if that's easier than emailing – just let me know when you have a free window.

Cheers, Stephanie.

Stephanie Foster PSM

Deputy Secretary Governance

Head APS Reform

Department of the Prime Minister and Cabinet

t: [REDACTED] m: [REDACTED]

**From:** Brit Mae <[REDACTED]>  
**Sent:** Friday, 13 August 2021 2:19 PM  
**To:** Foster, Stephanie <[REDACTED]>  
**Subject:** Re: Gaetjens Inquiry [SEC=OFFICIAL:Sensitive]

Hello Stephanie,

I hope you've been well.

Once again, thank-you for your work on the Foster Review. I really appreciated all your efforts and thought it was very well done. I would love to hear about any updates.

Yes, I can appreciate the predicament you're all in and wish to get this wrapped up as soon as possible.

I'm in a somewhat awkward position as we don't yet know who will potentially be called to be witnesses for the criminal trial.

It's my understanding that my behaviour and conversations with my employers after the event will formulate part of the trial.

I am happy to contribute to the review by having a discussion but will have to seek legal advice as I don't want any findings by the Department to prejudice my case.

Happy to discuss if you have any thoughts.

Kind regards,

Brittany

On Thu, 12 Aug 2021 at 8:44 am, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL: Sensitive**

Dear Brittany

I'm wondering if we could talk about setting a time for your contribution to the Gaetjens inquiry into who knew what in the PMO? The last thing I want to do is put you under additional pressure, especially with the recent renewed media focus on the charges being laid, but I am very conscious that Phil needs to bring this to conclusion so everyone involved can have some closure on the issue. And that he told Estimates (in good faith) that it would be done in weeks not months based on our understanding at the time.

If it's easier for you just to send me material, or to do that through Heidi, that's fine too. Or if you don't think it's going to be viable for you anytime soon, let's talk about what the options are in that scenario.

I've been thinking about you as the media plays out and hoping you're doing as well as possible. We're moving closer to setting up the independent complaints mechanism – I can send you a quick update if you're interested.

Cheers, Stephanie.

Stephanie Foster PSM

Deputy Secretary Governance

Head APS Reform

Department of the Prime Minister and Cabinet

t: [REDACTED] m: [REDACTED]

**From:** Yates, Heidi  
**Sent:** Friday, 10 September 2021 6:22 PM  
**To:** [REDACTED]  
**Subject:** Notes from today's discussion

**OFFICIAL: Sensitive - Personal Privacy**

Hi Brittany,

Good to speak with you and Shane Drumgold, the Director of Public Prosecutions, this afternoon. As discussed, below are a few rough notes from the conversation, for your records.

**Court process**

The matter will start in the magistrates court.

The magistrate has to 'commit' the charge to the supreme court.

There are three options here;

- Defence can 'waive' committal, which means there is no fuss, and the magistrate court simply commits the matter to the supreme court.
- Defence can ask for a copy of the brief, the magistrate then has to read the brief and this all takes some time.
- Defence could make an application to cross-examine any witnesses on a committal. This would be extremely unusual and DPP would oppose it strongly. Shane doesn't think this is likely to happen.

Most likely this will be a straightforward step, and the matter will be committed either on the papers, or go up to the supreme court by way of a committal.

Once the matter gets to the supreme court, the DPP will be ready to go. The matter goes into a call over and is allocated to a trial list (there are 4 trial periods each year).

The matter will then be allocated a trial date. Shane's well advanced in his preparation for trial. He's got a good sense of the time the trial will take, **likely two weeks**, based on the number of witnesses.

**DPP team who will be handling the matter**

From the DPP's perspective, the trial will be prosecuted by a team of three.

- Shane will be lead counsel
- Skye Jerome will be junior counsel; and
- shortly they'll be joined by an instructing solicitor. They haven't allocated an instructing solicitor as yet – he wants to ensure the team is consistent throughout the matter, just waiting to get someone on board who can be there throughout.

Shane or Skye will appear at each stage in the matter. Shane will appear via AV this Thursday. He wants to ensure the matter is dealt with expeditiously. They want to bring the matter to trial ASAP.

Shane noted that his office have a witness assistance service, but in this matter, he and Skye will engage with you directly. Shane would like as few people as possible engaged in this matter.

### **Relationship with police**

The matter is now with the DPP, who are your key contact. As far as Shane is concerned, you should no longer have a working relationship with police. If police want to say anything to you, they should contact the DPP, who will contact me, and we'll contact you as required.

### **Updates as the matter progresses**

- You have indicated that you would like updates from the DPP to be communicated via my office (unless of course you advise any time that you'd like to receive them directly, or in another way)
- Essentially the communication from the DPP to you will be direct and brief for some months. When we get closer to the trial date, DPP will invite you to meet with them, and will thoroughly prepare you. As part of this, you'll have the opportunity to watch the EIC at the DPP's offices.

### **Your evidence**

Your evidence will consist of:

- Your EIC
- After this is played, Shane will ask you some questions to familiarise the jury with the journey that you have been on.

Shane indicated that witnesses often think trial proceedings will reflect what they've seen on TV. Please be assured the court is usually civilised, calm.

Shane indicated there will then be some cross-examination, but this shouldn't collectively take more than around a day. Shane doesn't want you spend six months being fearful about how this day will look. It will be over quickly.

Overall, you emphasised you were going in with very realistic outcomes. Shane encouraged you not to adopt too much pessimism. The DPP are comfortable with this case from an evidential perspective.

### **Witnesses**

- DPP will issue a subpoena for any witness to attend
- If they don't respond, they're committing a criminal offence. DPP has the power to get a warrant.
- Witnesses almost always attend, and provide honest evidence.

### **Undertaking other work and advocacy**

In terms of your capacity to engage in other work and advocacy from now until when the trial is completed, Shane indicated that his preference would be that you'd avoid discussing any fact that a jury might need to determine. Playing it safe, this likely reflects the period from the afternoon before the incident, through to the first time you spoke to the AFP.

Beyond this, he indicated that he's not concerned generally about media engagement (and doesn't share the police's concern about the media).

### **Next steps**

From this point:

- Communication from the DPP to you (via my office) for the next 4-5 months will likely be quite brief, updating you on progress
- Shane encouraged you to do your best to live your life over the coming months.
- He encouraged you not to live as if this event is at the centre of your life, because life's short.
- To the extent that you can, don't live your life thinking about the trial.

Once it's committed to trial, and there's a trial date, they'll be in contact and will move to preparation phase, including watching your EIC at the DPP's office and talking about the trial process in some detail.

If you're interested, their website ([www.dpp.act.gov.au](http://www.dpp.act.gov.au)) there are a few videos that show the court process. These may assist in terms of any worries or questions you may have about attending court.

Shane concluded by indicating he or Skye would be happy to answer your questions at any point.

.....

I hope you found this afternoon's meeting useful, and of course, please let me know if you have further questions you'd like to raise with the DPP, or if I can assist with any other matters.

All the best for a sunny weekend!

Regards,

### **Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**VICTIMS OF CRIME  
COMMISSIONER**  
ACT Human Rights Commission



File Note 16 September 2021

**9.55am**

Online attendance via webex at first court appearance for Mr Lehrmann.

Drumgold for DPP. John Korn for accused

Do you need more than 10 weeks for preparation of the brief?

Brief has already been served.

Korn understood a brief 4 week adjournment would be sought to ensure the briefs they have line up. Thought the brief was partial – need to clarify.

Korn's app was going to be for 4 week adjournment, then committal to the SC.

**Thu 14 October – matter will be committed to SC.**

**9.30am**

Korn: Procedural questions.

Normally when matter is committed to SC, person on bail

Can committal take place in def. physical absence?

Presence by way of phone?

Yes. His virtual presence would be sufficient for a committal.

Def is in qld at the moment.

**Adj to 14 october** for committal by consent to SC.

Def can appear virtually, but he will need to appear in some way.

[REDACTED]

[REDACTED]

[REDACTED]

**From:** Yates, Heidi  
**Sent:** Thursday, 16 September 2021 12:21 PM  
**To:** [REDACTED]  
**Subject:** FW: Police v Lehrmann update

OFFICIAL

Hi Britt,

Please see below update from the DPP for your records in relation to today's appearance.

Do let me know if you'd like me to routinely include David, Leon or others in sending through these updates.

I am gathering some further information in relation the whereabouts of the defendant.

The DPP has indicated that his charge sheet lists his address in [REDACTED] which I understand is just out of [REDACTED]. They note he was previously in [REDACTED] but may have returned to his [REDACTED] home during lockdown.

The DPP will provide an update on this when they can.

Please let me know if there's anything in the above that you'd like to discuss?

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**From:** Drumgold, Shane <[REDACTED]>  
**Sent:** Thursday, 16 September 2021 10:12 AM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** Police v Lehrmann update

OFFICIAL

Hi Heidi

Below is the result of the mention on 16/9/21

- Mention before Magistrate Beth Campbell
- Warwick Korn appeared via AVL on behalf of Mr Lehmann and I appeared via AVL for the Crown
- A plea of not guilty was entered to the single charge
- Prosecution indicated that the brief of evidence was served and we were ready to commit the matter whenever defence were ready
- Defence confirmed they had a brief of evidence, however sought a 4 week adjournment to go through the brief and confirm they have everything
- Matter was adjourned to 14 October 2021 at 9.30 for committal for trial

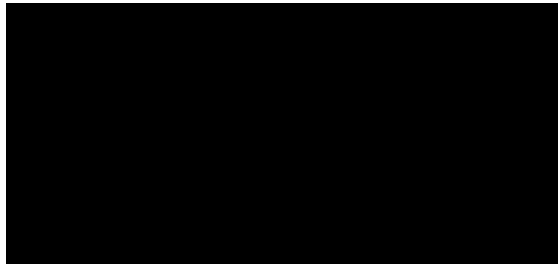


**Shane Drumgold SC**

Director

Office of the Director of Public Prosecutions (ACT)

GPO Box 595, Canberra ACT 2601 (DX 5725)



W:[www.dpp.act.gov.au](http://www.dpp.act.gov.au)

For a full range of victims rights, please go to [www.dpp.act.gov.au](http://www.dpp.act.gov.au) and follow the Witnesses and Victims link.

Please consider the environment before printing this e-mail

## File Note Tuesday 21 September 2021

**11:58am** Text from Shane Drumgold asking to chat. Call to Shane.

- AFP have served copy of brief directly to op.
- Has never been done before (1 brief in 20 years to have been served directly on op). Collaborative agreement to ensure things aren't done this way.
- Shane wrote to them early Friday afternoon:
  - Pls tell me what's in that brief.
  - They said – it's the same as yours.
  - Shane responded - that's gravely concerning -mine had [REDACTED] notes + [REDACTED] counselling notes'. Please confirm they weren't served.
  - Other issue: They've blacked out details but not blocked them.
  - No response as yet to Friday email.

## File Note Wednesday 22 September 2021

**7:17am Text** from Drumgold, indicating AFP have confirmed material was provided to defence.

**10:57am Text** from Drumgold: He has written to AFP directing them to fix the issue immediately and write to our office and Brittany informing what happened and what remedial action has been undertaken.

**2.40pm Call to Shane**

Shane will write to them again, seeking – answer by 5pm Friday

If have been sent – may be able to appeal to Korn's goodwill and request that he delete certain items. Still a chance this matter can be sorted.

Shane will share response with me as soon as received.

Very concerned for how BH will receive this news.

If worse is realised, important that police write to Brittany through VOCC, explaining what happened and what they're doing about it.

Came through at 6.40am from Bob Rose to Scott Moller.

Moller said – pls find responses to your queries.

Response from bob rose – had no idea of gravity of situation.

I confirm this has been sent.

I confirm this has been sent.

Sent intemperate reply to command.

This is deeply concerning.

Please advise what the remedy will be.

Gave suggestions include getting docs back.

Then sending me an email telling them what happened and why it happened.

Have also escalated – bc if becomes a credibility issue – who did it and why they did it.

It's a very complicated issue

The disclosure of the counselling notes potentially contempt of court

Exposure of EIC audio potentially a criminal offence.

Priority: to get the thing fixed / limit the damage.

Wrote:

- take all necessary action to get these docs back
- write to victim to tell them what you've done, and what you've done about it
- get statements from relevant people
- who decided to disclose them, who disclosed them, who made the decision.

Heard nothing back.

Does Neil need to know?

- Under collaborative agreement, has to settle things at lowest possible level
- Focus on remedy (not addressing the cause)

Monitor remedy (which sits with superintendent)

Needs to get the documents back from defence and destroy them.

Once he's told that's done, he can escalate to DCPO.

If goes early – sacat may pause.

EIC stuff doesn't both as much.

Directed them

- It won't affect the trial.
  - It's not just about BH. When someone is raped – they're told when they sit down with counsellor it's not disclosable.
  - This is catastrophic for future rape victims. If you can't trust your counsellor
- He's intending to ask her about timeline for counselling - when this doesn't lighten load – she decided to come forward. Intending to ask her how much in counselling she intends to share.

Catastrophic, mind boggling incompetence.

Drumgold:

- Wants to preserve prospects of conviction.
- Would be undesirable to have the incompetence of the investigators as a question hovering
  - Competence of investigation is directly linked to prospects of conviction
  - Incompetent investigations cause jury's to ask – what other stuff ups did they make?
- But this also needs to explode at some point.

If no response by Friday, Drumgold will escalate to DCPO.

1. **Get the doc back** before anyone reads them.
2. Go knock on his door and say – we're here, we need to delete these docs.
3. Records what you're done.
  
4. Work out how and why it happened.

File Note Thursday 23 September 2021

### 9.22am TA Shane Drumgold

Would like to flag with Crozier when I speak to him about another matter this morning:

- I've been advised by the DPP that there has been a substantial privacy breach in the Higgins matter.
- Understand he has requested police to write to me about the how the breach occurred and how police are proposing to remedy it.
- I will need to advise Ms Higgins of the nature of the breach by tomorrow morning at the latest.
- Would welcome that further advice as quickly as possible.

Drumgold advised:

- He's had an update this morning.
- He directed them to get in contact with defence – organise them to delete the docs. Then, to give DPP copies with locked redactions, and for DPP to serve these on defence.

Letter Police have written to defence indicates:

- Delete certain documents (from Drumgold's perspective, all docs to be deleted are correct)
- Letter suggest we will replace the [REDACTED] ad [REDACTED] docs with correct versions (which they won't).
- But DPP won't replace all the docs that are indicated.

Drumgold assumes Poilce will be writing to me next. It's a matter for me as to whether I raise the issue with Crozier this morning. Outrageous breach of privacy. Catastrophic in terms of Ms Higgins trust in the system.

**10:20am Online meeting with DCPO Peter Crozier****I communicated:**

- I've been advised by the DPP that there has been a **substantial and very concerning privacy breach** in the Higgins matter.
- Her protected sexual assault counselling records have been provided directly to defence as part of the brief. The defence has had them for over a week.
  
- I will need to advise Ms Higgins of the nature of the breach by tomorrow morning at the latest.
  
- Understand DPP has requested police to write to me about the how the breach occurred and how police are proposing to remedy it.
  - I would prefer to have that written advice, specifically that the defence has concerned in writing:
    - Whether the defence have destroyed/deleted the document and any notes or copies he's taken.
    - Whether he has told anyone else that he received these records
    - Whether he has shared those notes with his client.
  - Before I speak with Ms Higgins.
  
- Would welcome that further advice as quickly as possible.
- Crozier was unaware of the breach. Said he would talk to his team asap.

10:43 Text to Drumgold confirming I had raised issue with Crozier – seeking his assistance in ensuring I receive timely information which can inform my communication about this issue to Ms Higgins.

**From:** Yates, Heidi  
**Sent:** Thursday, 23 September 2021 10:05 PM  
**To:** Crozier, Peter <[REDACTED]>  
**Cc:** [REDACTED]  
**Subject:** Seeking Update  
**Importance:** High

**OFFICIAL: Sensitive**

Peter,

Thank you for the opportunity to briefly discuss this morning what I understand to be a substantial privacy breach in the Higgins matter. I am yet to receive any information from your team in relation to this.



As discussed, I will need to update Ms Higgins tomorrow (Friday) morning at the latest regarding what I understand has occurred, based on preliminary advice I have received from the DPP.

My priority is to ensure Ms Higgins has the clearest possible information regarding the nature of the breach. Any written advice available from your team prior to 10am tomorrow morning would be most welcome, particularly in relation to written confirmation regarding:

- Whether her protected records were indeed served on the defence.
- If so, what documents were served, on what time/day, and with whose authority.
- What steps ACTP have taken to remedy this breach, including whether written confirmation has been obtained from defence in relation to:
  - whether defence have destroyed/deleted the records and any notes or copies taken in relation to these protected records;
  - whether defence has disclosed receipt of these records to any other person;
  - whether defence has shared the records with the accused, or informed the accused that they have been received.

I am of course highly concerned about the likely impact of this news on Ms Higgins and await your team's advice.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222

File Note Friday 24 September 2021

**10:04am Call to DS**

- advised I have some difficult news for BH. Wanted to ensure she had support when I called. David at work – will head home now, then call me together.

**10:15am Call from BH** – David said I have bad news – wants to know. Advised as per below:

- I've been advised by the DPP that the police have committed a grievous breach of your privacy.
- AFP have served copy of brief directly to Korn.
  - Has never been done before (1 brief in 20 years to have been served directly on op). Collaborative agreement to ensure things aren't done this way.

- In doing so, they have included in that brief a copy of your [REDACTED] and [REDACTED] Counselling records.
- The DPP advise me that Police have contacted defence asking that they destroy these records.
- I am awaiting written confirmation that:
  - Whether her protected records were indeed served on the defence.
  - If so, what documents were served, on what time/day, and with whose authority.
  - What steps ACTP have taken to remedy this breach, including whether written confirmation has been obtained from defence in relation to:
    - whether defence have destroyed/deleted the records and any notes or copies taken in relation to these protected records;
    - whether defence has disclosed receipt of these records to any other person;
    - whether defence has shared the records with the accused, or informed the accused that they have been received.

### Background

- Shane wrote to them early Friday afternoon:
  - Has the defence been served?
  - Pls tell me what's in that brief.
  - They said – it's the same as yours.
  - Shane responded - that's gravely concerning -mine had [REDACTED] notes + [REDACTED] counselling notes'. Please confirm they weren't served.
  - Other issue: They've blacked out details but not blocked them.
  - No response as yet to Friday email.

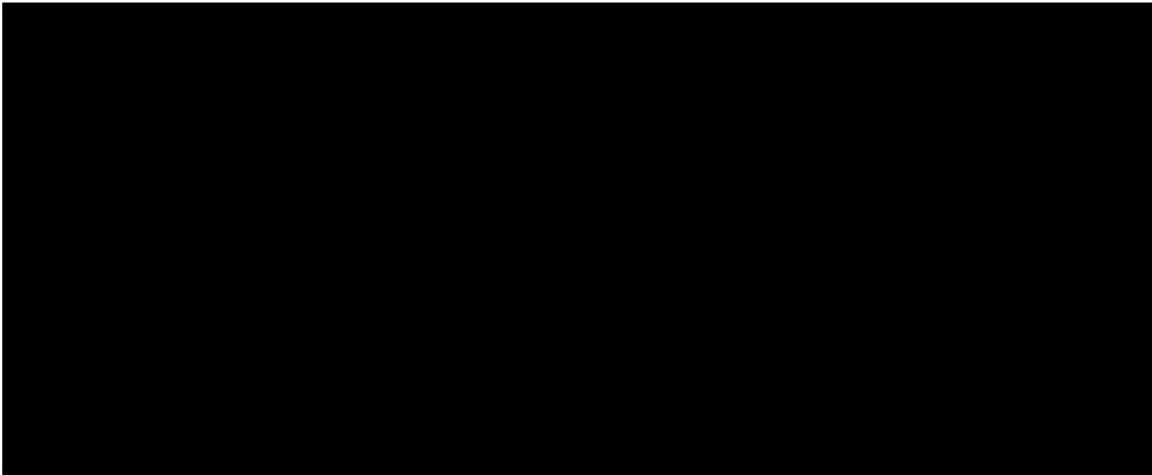
### What does this mean for you?

- Shane is outraged on your behalf.
- His priority has been to ensure the documents are destroyed or returned.
- He's confident it won't affected the trial, or impact the prospects of conviction.

### Media

Communicated Shane's advice:

- This must be brought to light at some point.
- At this time, would be undesirable to have the incompetence of the investigators as a question hovering over the trial:
  - Jury's sense of competence of investigation is directly linked to prospects of conviction
  - Incompetent investigations cause jury's to ask – what other stuff ups did they make?



10:45am Call from DS



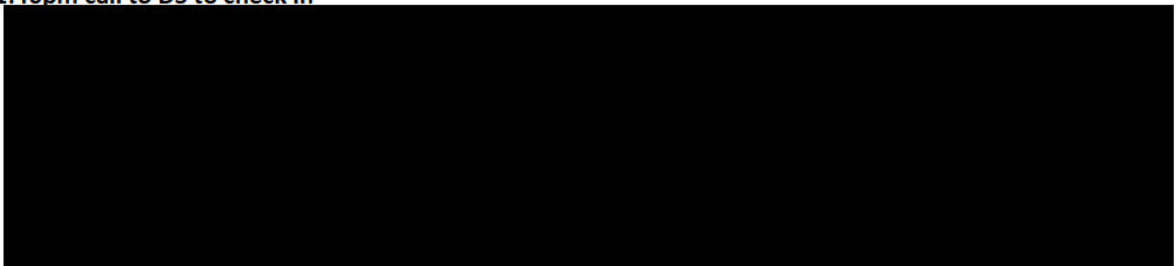
10:59am Email to BH and DS



11:00am Text to BH and DS



1:46pm call to DS to check in



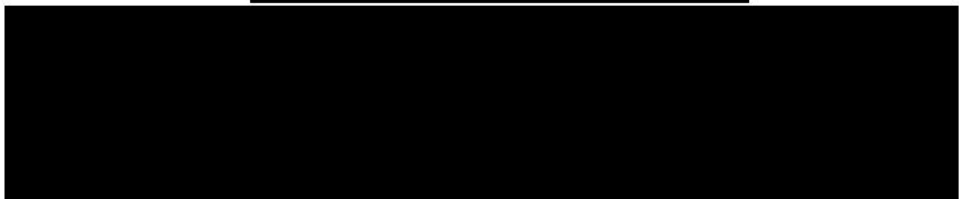
2:53pm emailed BH copy



6.10pm Call to BH -



6.10pm Call to DS -



[REDACTED]

[REDACTED]

File Note Thursday 30 September 2021

[REDACTED]

File Note Friday 1 October 2021

Exchange of Texts in relation to BH being named in AFR 'most powerful' list.  
BH indicated she was grateful for support from our office.

File Note Tuesday 5 October 2021

**10:37am Call from David Sharaz**

[REDACTED]



[Redacted text block]

**11:07am Email from DS**

Containing draft MR re tomorrow's announcement that BH to be appointed as inaugural visiting fellow at the ANU global institute for Women's Leadership.

File Note Thursday 7 October 2021

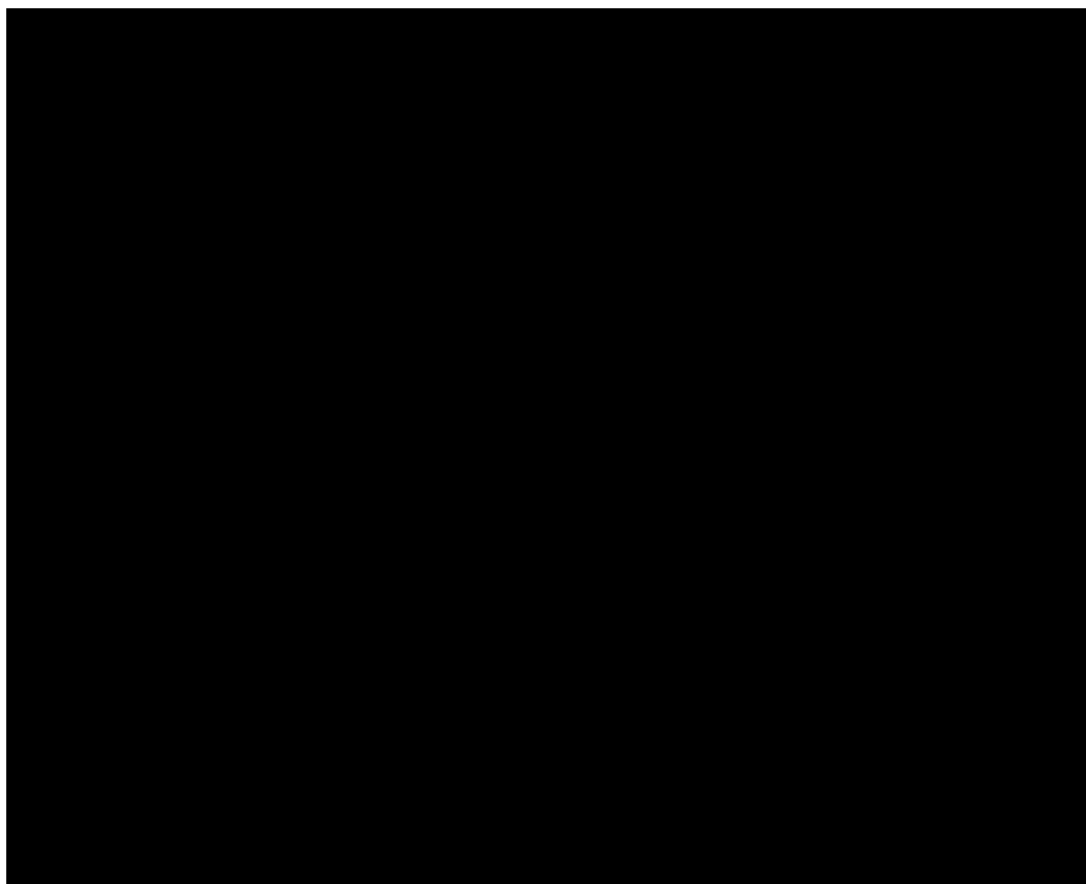
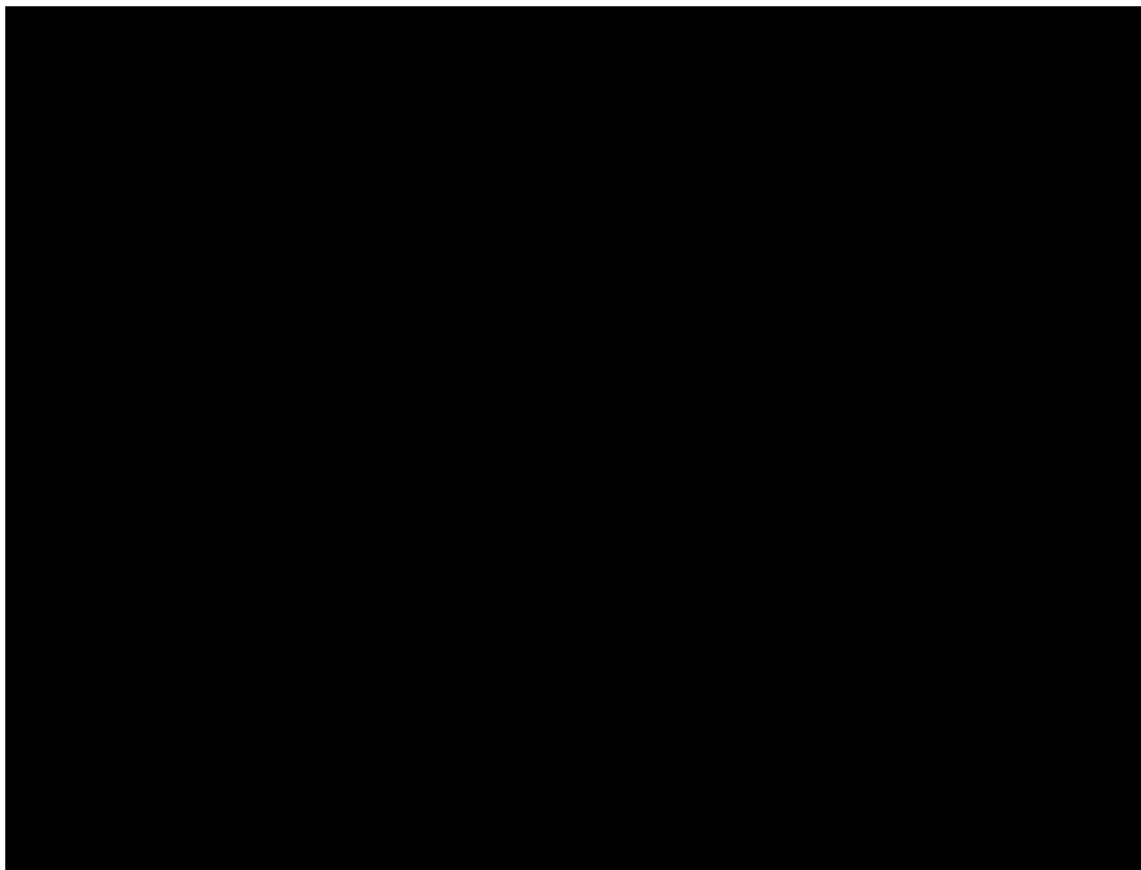
**TA Drumgold 5.07pm**

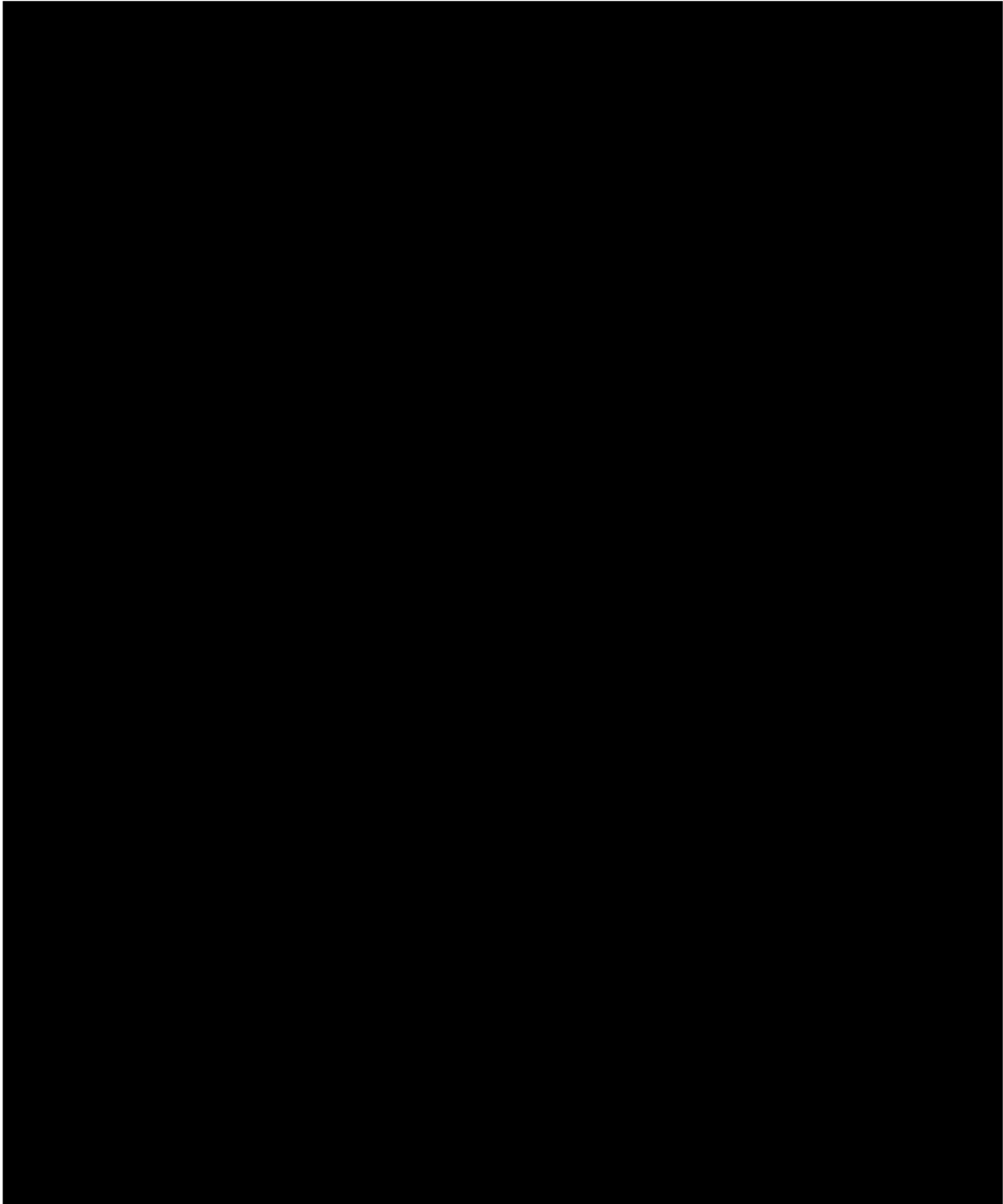
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File Note Monday 11 October 2021

**2.15pm TA BH and DS**

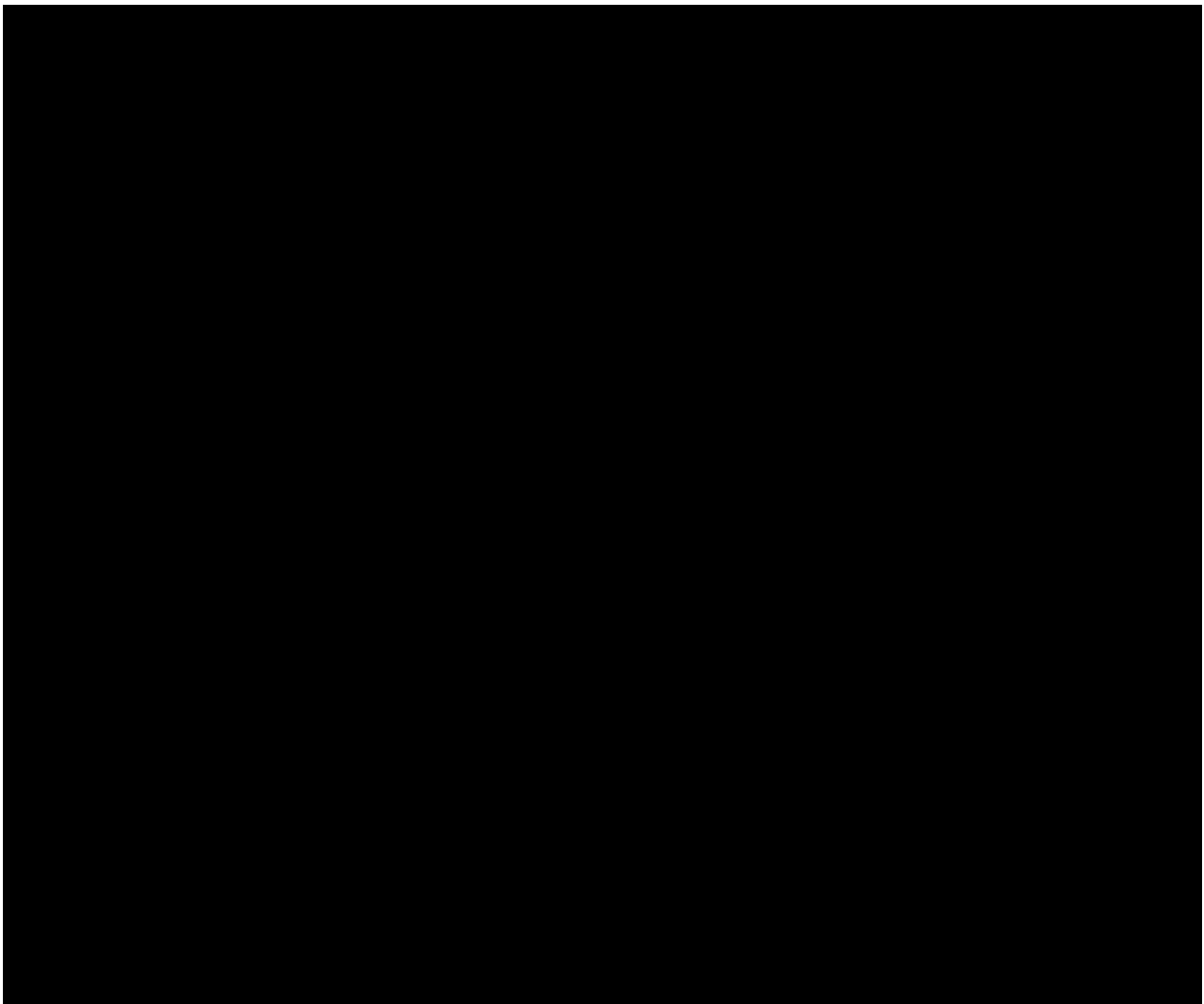
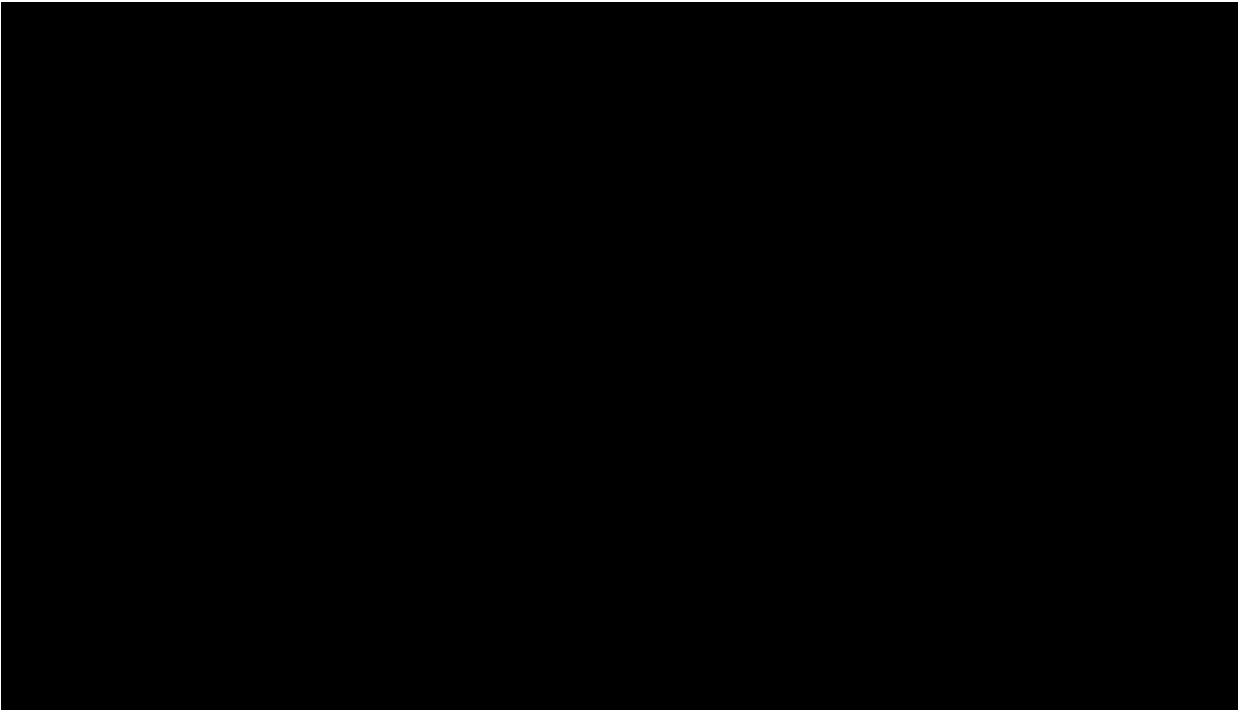
[Redacted text block]



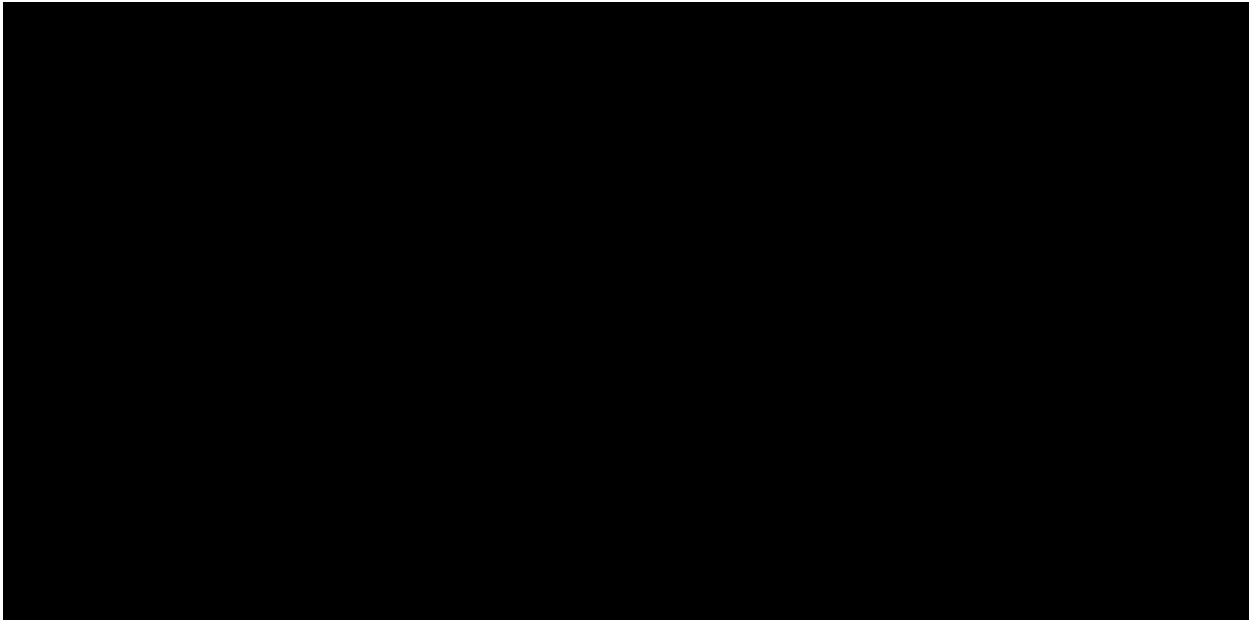


[Redacted text block]

[Redacted text block]







**From:** Drumgold, Shane <[REDACTED]>  
**Sent:** Tuesday, 12 October 2021 8:13 AM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** FW: The Brief You Served on Me [SEC=OFFICIAL]

**OFFICIAL: Sensitive**

Dear Ms Yates

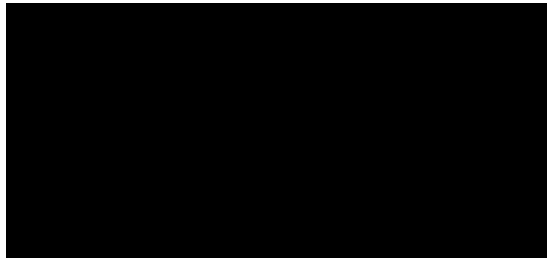
Noting the AFP request that all communication occur through my office, please find the most recent exchange regarding the AFP service of sensitive material.



**Shane Drumgold SC**

Director  
Office of the Director of Public Prosecutions (ACT)

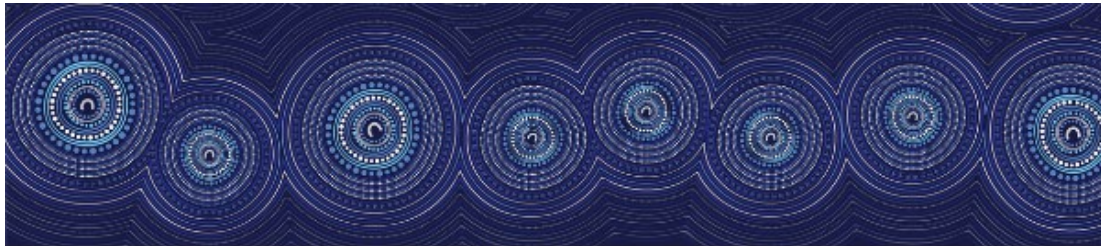
GPO Box 595, Canberra ACT 2601 (DX 5725)



W:[www.dpp.act.gov.au](http://www.dpp.act.gov.au)

For a full range of victims rights, please go to [www.dpp.act.gov.au](http://www.dpp.act.gov.au) and follow the Witnesses and Victims link.

Please consider the environment before printing this e-mail



We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people  
We acknowledge and respect their continuing culture and the contribution they make  
to the life of this city and this region

Artwork by Ngarrindjeri artist Jordan Lovegrove

**From:** Drumgold, Shane

**Sent:** Monday, 11 October 2021 1:16 PM

**To:** Moller, Scott <[REDACTED]>; Jerome, Skye <[REDACTED]>; Madders, Trent <[REDACTED]>; Frizzell, Emma <[REDACTED]>; Fleming, David <[REDACTED]>

**Subject:** RE: The Brief You Served on Me [SEC=OFFICIAL]

**OFFICIAL: Sensitive**

Dear Scott

His answer is incomplete and highly concerning. Could you please get an elaboration ASAP?

- 1) Noting he is still in possession of highly sensitive and protected information, is he going to return the memory stick to the AFP? It appears the least the AFP could do is send someone over to collect it, and my suggestion is that if and when you get them back, you have the metadata examined to ensure the sensitive documents have not been accessed or copied, and this action is outlined in the relevant statement regarding the AFP service of this brief.
- 2) In the conversation with me last week, he stated that he had copied the content onto a Hard Drive and did not know how to delete it. Is he now going to give a guarantee that either a) this did not occur, or b) it did occur and it has now been deleted?

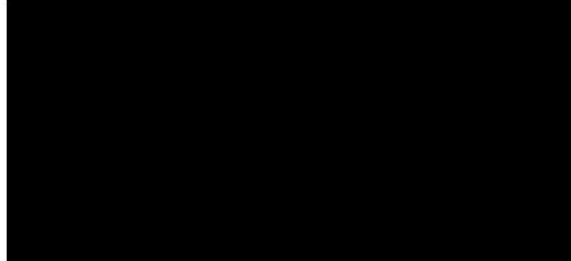
This issue is quite serious – the counselling notes and other sensitive information of a rape complainant have been unlawfully given to counsel for her alleged rapist, who is still in possession of them, and has now been for over 2 months. I would suggest it should attract greater urgency that it appears to be receiving.



**Shane Drumgold SC**

Director  
Office of the Director of Public Prosecutions (ACT)

GPO Box 595, Canberra ACT 2601 (DX 5725)



W:[www.dpp.act.gov.au](http://www.dpp.act.gov.au)

For a full range of victims rights, please go to [www.dpp.act.gov.au](http://www.dpp.act.gov.au) and follow the Witnesses and Victims link.

Please consider the environment before printing this e-mail



**We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people  
We acknowledge and respect their continuing culture and the contribution they make  
to the life of this city and this region**

*Artwork by Ngarrindjeri artist Jordan Lovegrove*

**From:** Moller, Scott <[REDACTED]>  
**Sent:** Monday, 11 October 2021 12:59 PM  
**To:** Drumgold, Shane <[REDACTED]>; Jerome, Skye <[REDACTED]>;  
Madders, Trent <[REDACTED]>; Frizzell, Emma <[REDACTED]>; Fleming,  
David <[REDACTED]>  
**Subject:** FW: The Brief You Served on Me [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

**OFFICIAL**

Shane,

Please see below written confirmation from Mr John Korn highlighting that he hasn't accessed the brief of evidence (Police v Lehrmann) served on him on 6 August 2021. I also note that Mr Korn has confirmed this advice verbally with you during a recent telephone conversation.

Kind regards

Scott.

**DETECTIVE SUPERINTENDENT SCOTT MOLLER**

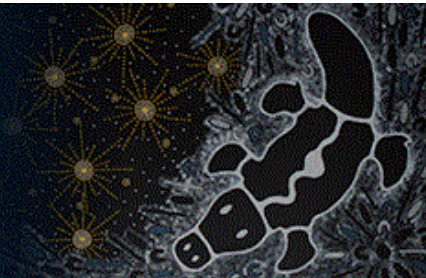
CRIMINAL INVESTIGATIONS  
ACT POLICING

Tel: [REDACTED] Ext: [REDACTED] Mob: [REDACTED]  
[www.afp.gov.au](http://www.afp.gov.au)



POLICING FOR  
A SAFER AUSTRALIA

The Australian Federal Police acknowledges the traditional owners and custodians of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to the people, the cultures and the elders past, present and emerging.



**From:** John Korn <[REDACTED]>  
**Sent:** Friday, 8 October 2021 5:08 PM  
**To:** Moller, Scott <[REDACTED]>  
**Subject:** The Brief You Served on Me

Dear Mr Moller

I confirm our telephone conversation today, and now confirm in writing, that in terms of the USB stick that you served on me, (at the time of service of the Court Attendance Notice), I have **NOT** viewed, downloaded or printed, any of the material contained on that USB stick.

The reason for that is that shortly after receiving the USB, I opened the stick, and simply saw by name the Folders of items listed on the stick. It seemed to me from what I saw, that it did not look

like a DPP Prosecution Brief, certainly not in the form that I'm used to seeing here in the New South Wales District Court system. I took the view that it looked like, what I might term, an Investigators Brief, and my intention was to wait and see what Brief would be served by the ACT Directors Office.

I had a telephone conversation with Shane Drumgold a week ago and I informed him in that telephone call, precisely what I am confirming in writing in this email.

John Korn

Liability limited by a scheme approved under Professional Standards Legislation.

**From:** Yates, Heidi  
**Sent:** Tuesday, 12 October 2021 8:47 AM  
**To:** Drumgold, Shane <[REDACTED]>  
**Subject:** RE: The Brief You Served on Me [SEC=OFFICIAL]

OFFICIAL: Sensitive

Dear Shane,

Thank you for the update.

The inability of the Police to take reasonable steps to mitigate risks flowing from their grave error in illegally sharing the counselling notes and the EIC audio is astounding.

I spoke with Ms Higgins at length yesterday, [REDACTED]. She has reflected on the considerable pressure placed on her during the investigation by Superintendent Moller and Inspector Boorman to set aside her hesitancy and invest her full trust in ACT Policing. They reflected on multiple occasions that, as an agency, and as individual officers, they were wholly insulated from the political dynamics which had resulted in the undermining of her trust and confidence in the response system following her initial disclosure at parliament house.

What has occurred in this instance, on top of other irregularities in the investigation, has played directly into her initial anxieties about the independence and motivations of police. Whilst this further chain of events may, at best, be a matter of gross incompetence, it is difficult for her to believe that the irregular service of the brief directly on the defence, and police failure to take appropriate steps to safeguard the protected material once you raised their error with them, is all due to an honest mistake.

I share your concerns regarding the incomplete answers below and thank you for keeping me in the loop regarding ACTP's further response to the questions you raise.

Regards,

**Heidi Yates**  
Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



File Note Wednesday 13 October 2021

**4:40pm TA Shane Drumgold**

He understands that accused will seek a further 3 week adjournment tomorrow.

Shane will advise that DPP is ready to go, but expects adjournment will be granted.

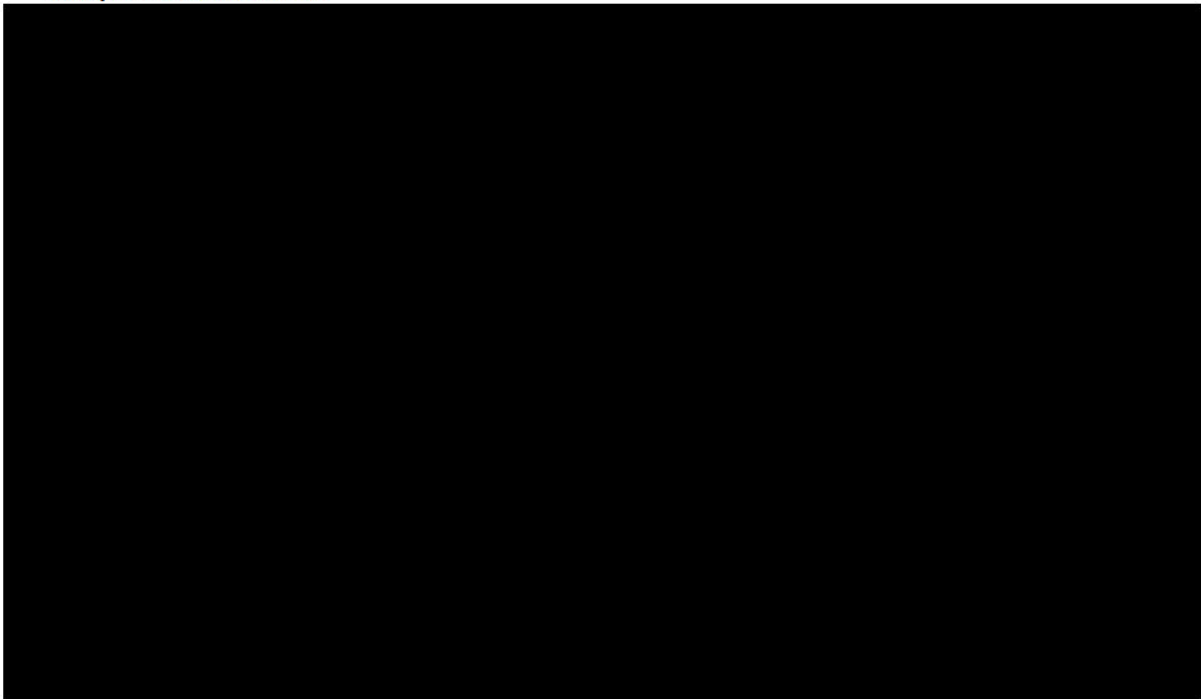
In relation to service of brief:

- Shane still waiting on detailed statements from police
- Appears at this stage that decision was made by Commander Chew
- Highly irregular that decision regarding service of a brief would be made at Commander level

In relation to inappropriate material served on DPP:

- ACTP have finally sent someone to pick up the memory stick from defence – this has occurred 2 months and 2 weeks after inappropriate service.

**4:45pm TA David Sharaz**





File Note Thursday 14 October 2021

**9:30am Magistrates Court – listing before Magistrate Beth Campbell**

DPP: Shane Drumgold

Accused: John Korn. Accused attended by phone.

Accused made application to have matter stood over to 5 November.

- Not an application for committal

Drumgold: we remain ready to commit but doesn't oppose defence application.

Matter adjourned to 5 November at 9.30am, back in a1 list.

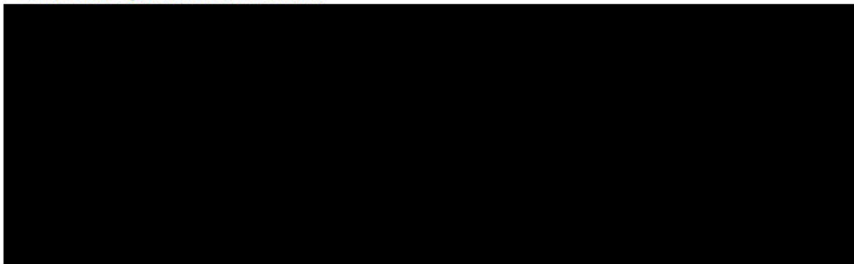
John – originally received a brief, including material he shouldn't have had, he didn't read it, and is going to return the stick.

Mr Drumgold's office couriered a hard-copy version which was delivered late Tuesday evening. Started reading yesterday. It will take about two weeks to get through the material.

The only complication possible on next occasion – instructor and Korn wish to have one conference with Mr Lehrmann. They are working out whether they can go up there – if he comes down, will need to quarantine for a fortnight. Otherwise, they'll use AVL.

**Matter adjourned to 5 November, back in this list.**

**9:40am Quick call to David**



**9:45am Text to Britt**

- Confirming matter was brief ad adjourned to first week of November.
- Happy to call her, or will send email through as soon as received from DPP.

File Note Thursday 16 December 2021

Email to Shane Drumgold asking whether directions hearing is going ahead.

He advised that defence has no pre-trial applications so hearing was vacated – informed David of this.

**11am Discussion with David**

| [REDACTED]  
| [REDACTED]  
| [REDACTED]

**File Note Wed 23 March 2022**

9:53 Missed call and text from DS

[REDACTED]

Seeking info as to whether they can watch the stay proceedings.

**11:45am Call from Shane Drumgold**

- Can I please ask BH for info re responses she's received to tweets / on social media / in media that has been critical.
- They need to consider this for the stay.
- Advised I would contact and ask.

**1:14pm Text Message to BH**

Indicating DPP inquiry above – BH asked me to raise this with David

Call to David – he will prepare some material and send it through.

3:35pm Email from David to DPP and me – containing links.

4:09pm Call to Drumgold

- Is this the right type of material?
- Yes – and any further media (other than social media) would be useful

**4:17pm Call to DF**

- Advised of the above. He will pull some more material together over night.

Several more emails received from DS during course of afternoon / evening with further material.

**File Note 24 March 2022**

[REDACTED]

[REDACTED]

[REDACTED]

File Note 25 March 2022

**11:04am Call from David**

[REDACTED]

[REDACTED]

**11:17am Call from BH**

[REDACTED]

**5:12pm**

**Email to Drumgold**, asking for timing of stay application for next Friday, and confirming his preference that BH not attend.

File Note 28 March 2022

9:20am Email to BH

[REDACTED]

File Note 31 March 2022

10:31am Missed call from David.

[REDACTED]

11:25am – call to David

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6:38pm

[REDACTED]

File Note 1 April 2022

9:12 Call to Brittany

[REDACTED]

10am Attendance at Stay Hearing

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**11:58am Text to David** confirming decision reserved. Non-publication order in place until decision handed down.

**12:45pm Call to David** to provide brief update on hearing – would BH like to speak with Shane this afternoon? It think this would be helpful.

**2pm Conference call – BH, Drumgold, Skye Jerome.**

Drumgold relatively confident there will be no stay or temporary stay.

Likely trial will be running on 6 June.

Ongoing media:

- Preference would be to stop everything until we get the judgement – early next week.
- If judgement is what Drumgold expects, it will mean his advice will be the same – don't talk about evidence that will be led, but you can still do the work you do.

1 issue:

There's what happened in room [REDACTED] and things directly relevant to that. What happened in the pub beforehand and in the bar. Who was told about it and when they were told about it.

2<sup>nd</sup> issue:

A workplace where workplace governance facilitates exploitation. That's not part of this trial, and it's equally important work.

Analogy: If someone lost a family member in a culpable driver causing death. They could still talk about road safety, drink driving etc.

Your work on workplace governance is important work – not just for parliament house. Whether or not parliament house has ineffective workplace governance is not a fact in issue in this trial.

They're separate matters.

This trial is about facts in issue.

Will need to await CJ decision.

BH: Will we get notice of his?

DPP will likely get a call on Mon/Tuesday saying her honour will hand down the judgement.

DPP will contact Brittany immediately before to advise this is occurring, then afterwards with the outcome.

When she hands down the decision – it will likely be brief.

Eg. The application is upheld / dismissed - I publish my reasons.

Assuming no stay – will proceed with plans for BH to attend at DPP towards end of April.

- Watch EIC interview again

DPP will also seek brief conversation with David so that he knows that will happen on the day at court -where to go / sit, processes etc.

2:12pm Text to BH and DS – Hope that all made sense – don't hesitate to let me know if you have other questions or want to talk through any aspects re next steps.

#### File Note 4 April 2022

**6:36am Text from DS** – concern that listing of Lehrmann matter has been removed from court website.

**8:14am Text exchange with David** – noting wait is difficult, but need to wait for decision. [REDACTED]

**9:18 missed call from DS** – then text – remain concerned about how long the wait will be.

**9:50am Call to David** – discussed frustration and challenge of waiting – likely best that we presume decision will be made by end of week – and if it comes earlier, that's good. Highlighted it's important that reasons given are clear and accurate to prevent appeal (and more uncertainty).

File Note 5 April 2022

**2.20pm missed call from David**

[REDACTED]

**4.13pm Call to David**

[REDACTED]

[REDACTED]

[REDACTED]

**4:14pm Call to Drumgold – voicemail.**

**4:38pm Call from Drumgold**

- They have issued subpoenas
- Have issued to both of Britt's parents – they are on the witness list so are required to be available
- Not sure whether they will call them.
- DPP will cover cost of flights and accommodation for at least part of the trial, which may assist if they also wish to provide BH with support during this time.

**4:41pm Call to David – [REDACTED]**

File Note 11 April 2022

**5:13pm Text from David – [REDACTED]**

**5:48pm [REDACTED]**

[REDACTED]

[REDACTED]

**6.30pm Call to Commander Jo Cameron – agreed I would contact Inspector Callum Hughes this evening to discuss.**

Email to Callum outlining events of the afternoon.

**8:26pm Call to Callum Hughes to discuss. They will look at it tomorrow.**



**8:33pm** Exchange of texts with David [REDACTED]

File Note 12 April 2022

**Email from Scott Moller at 9.18am** noting they will follow up and he is the contact point.

I replied and cc'd David.

**9:29am Call from David** – [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**9:38am Call to Shane Drumgold**

- Sent Shane copy of email exchange with ACTP regarding threat last night
- Will keep him updated re investigation.
- Shane hopes to hear re stay application today or tomorrow – will keep me updated.
- Shane has again requested update on police statements regarding service of brief – nothing as yet.

XXXXXX

File Note 14 April 2022

**Email to BH and DS** [REDACTED]

**12:07pm** Text to BH and DS [REDACTED]

**2:56pm** Text from DS [REDACTED]

**Email to BH and DS** [REDACTED]

File Note 20 April 2022 (on leave)

**9:47am** Text from BH [REDACTED]

File Note 26 April 2022

6:49pm Text from DS [REDACTED]

File Note 27 April 2022

7:00am Text from DS [REDACTED]

2:51pm Call to Shane Drumgold to ensure he is aware of forthcoming story – he is.

3:19pm Returned missed call from Commander Jo Cameron – they have received media request. Will respond to confirm complaint received but can't comment as matter is before the court.

4:11pm Text from DS – [REDACTED]

9:00pm Text from DS [REDACTED]

File Note 28 April 2022 (on leave)

9:32: Reviewed text from Drumgold received at 9:09am advising stay decision will be handed down at 4pm tomorrow, can I please advise BH.

9:33am Call to BH – no answer

9:34am Call to David Sharaz [REDACTED]

.....  
1:35pm Texts from David. [REDACTED]

Call to BH's mobile – [REDACTED]

Call to David:

File notes – HIGGINS, Brittany

[REDACTED]

[REDACTED]

1:56pm Call to David

[REDACTED]

2:02pm [REDACTED]:

[REDACTED]

2:15pm Call from [REDACTED]

[REDACTED]

2:24pm call from David

[REDACTED]

2:29pm Text to Kelly - [REDACTED]

2:44pm Call to Kelly [REDACTED]

Email sent to [REDACTED]

Follow up email to CB as acting FAS manager re FAS approval.

3:52pm Call from Kelly Higgins [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

4:12pm Text to DS [REDACTED]

[File Note 29 April 2022 \(on leave\)](#)

**3:17pm Text from DS** – should they watch Twitter or wait to hear from me? Advised I will contact as soon as I know more.

**4:48pm Call from Shane** – Stay application dismissed (permanent and temporary). Shane called Brittany into the call (DS and [REDACTED] also present) – advised:

- Trial will go ahead from 6 June
- CJ noted that key issue in her decision not to grant stay was that publications were not proximate to the trial
- An application about publications brought proximate to trial may have more success
- Drumgold strongly advises BH and DS to put a hold on media, including social media (twitter) between now and the trial.
- DPP will be in touch to arrange for proofing.
- DS asked he if he will be proofed – yes, but likely in course of trial rather than beforehand give volume of witnesses.

**4:55pm Call to DS mobile** – spoke to BH, DS and [REDACTED] on speaker

- No further questions for now
- Invited them to consider when may suit to come down for proofing – reasonable costs to be paid by DPP for BH

[File Note 2 May 2022 \(on leave\)](#)

[REDACTED]

[REDACTED]

**1:46pm Sent email** replying to DPP request for date for proofing.

**1:51pm Email to BH** requesting preferred dates for proofing.

**1:54pm Reply text to DS** – thanking him for above update. Advising I had sent through request for date for proofing. Response indicating DS will discuss with her when he visits this evening.

.....

File Note 12 May 2022

David [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

File Note 16 May 2022

**3:26pm Call to BH mobile. Voicemail. Left message:**

[Redacted]

**3:29pm Call to David**

[Redacted]



3:42pm Text exchange with DS – [redacted]  
[redacted]

File Note Tue 17 May 2022

8:30am Met BH and DS at Airport



File Note Wed 18 May 2022

11.30am Met with BH [redacted]  
[redacted]  
[redacted]  
[redacted]

[REDACTED]

[REDACTED]

5:51pm Text exchange with David, [REDACTED]

File Note Friday 20 May 2022

12:45pm Call to BH [REDACTED]

12:48pm Text to BH – [REDACTED]

File Note Saturday 21 May 2022

11:58am Text from David – [REDACTED]

File Note Sunday 22 May 2022

3:07pm Text from DS [REDACTED]

File Note Monday 23 May 2022

**Teams Meeting – Erin Priestly @ DPP re accommodation, travel and security**

**Timeframes**

Erin proposes Travel to Canberra on Sunday 5<sup>th</sup>

Shane: Likely Britt will be around 2 days in the witness box

Proposal that DPP book dog-friendly accommodation for 4 nights: Sunday to Thursday

**Transport**

- Can book flights, or can present receipts for petrol reimbursement

Shane thinks around 25 witnesses in the first week (may stretch into second week).



Skye – will engage with witnesses for following two weeks (incl David's evidence) – he will get a few days' notice. DPP will book flights etc.

They'll be in a better position after BH has given evidence to estimate what other witnesses may be required, and when.

**Court:** safety and security

- Erin spoke to court about safety and security.
- Remote room is booked for BH's watching of EICI.
- Erin has also arranged to keep space available there on the second day if required before giving evidence, or after.
- Alternate entrance through magistrates car park an option

**Monday morning:** first day of trial

- Court won't start until 10am
- If BH coming to DPP office – could come as late as 9.30am, but they'll be in the office at 7.30am so if she wants to come earlier, she can.

I will get back to Erin regarding:

- Approval for accommodation Sun-Thu @ Nishi in dog-friendly apartment
- Whether they want DPP to book flights

**4:40pm TA David Sharaz**

Informed of above.

Noted listing tomorrow.

File Note Tuesday 31 May 2022

**4.20pm TA with Shane Drumgold – conference call with myself, BH and DS**

- [REDACTED] – can't continue to act in the trial
- op has a grant of aid - legal aid has made an application to vacate
- the court was not minded to vacate the trial – but are looking for options
- this trial has two weeks of crown evidence, and if accused gives evidence – probably whole trial could be wrapped up in 4 weeks (despite Korn's earlier advice that there would be 6 weeks in it).
- LA said today:
  - o We can't get counsel to start on 6 June.
  - o DPP says – when can they start?
- It's been adjourned to 4pm on Thursday, so LA can provide information re when counsel can start (been told to go back and find counsel who can run the matter in this available block of time).
- Likely scenario – matter is pushed back a week or two.
- DPP have been insistent that the trial should not be vacated.
- Shane clarified that 'vacate' means – we abandon the 6 weeks, and put it over to a call over for another list.
- CJ has been clear that she wants this matter to run within the allocated timeslot.
- In summary: trial very unlikely to start on the 6<sup>th</sup>
- If defence are pushed on without time to prepare – this may lead to an appealable error.

File Note Wednesday 1 June 2022

**10:15am Call from DS**

Discussed issues associated with further listing of the matter if Legal Aid can't identify suitable counsel to proceed in this 6 week block.

DS expressed concerns for BH – having to put life on hold if, for example, trial is further delayed to next year.

I noted that at this stage – prob best for us to wait for Thursday's outcome, rather than presume the worst. But acknowledged the significant impacts of this further uncertainty.

Advised DS I am here to discuss with BH or DS if they have further questions at any point.

File Note Thursday 2 June 2022

4:20pm TA Shane Drumgold – conference call with David (as

Starting on 27<sup>th</sup>, possibly 22<sup>nd</sup> June. Trial date blocked out to 5 July, on basis of a rather confusing position from previous counsel that it would take 6 weeks.

HH indicated she had an additional week if required.

Even if starts on 27<sup>th</sup> would end within HH's window.

He has new counsel.

Solicitor who has come into the matter indicated they were unavailable on 22 and 23 June.

Shane advocated for commencing on 23<sup>rd</sup>.

Been listed next week.

Definitely going head on 27<sup>th</sup> – mention next week is to identify whether we can start earlier.

**Solicitor:** Kamy Saeedi – they generally don't do legal aid work

**Counsel:** haven't been told formally. May be Mr Campbell who did the stay application.

Don't know if Legal Aid or private source – we are not entitled to know.

Would like to start her on the Wednesday by the end of that week.

#### File Note Friday 10 June 2022

**Call from Leon** [REDACTED]  
[REDACTED]

**10:30am Call to BH** – no answer

**10:40am Text exchange with BH** – [REDACTED]  
[REDACTED]

**11:52pm Email to Leon,** [REDACTED]  
[REDACTED]

#### File Note Sunday 12 June 2022

Noted subpoena received from defence solicitors late Friday afternoon.

**4:46pm Forwarded material** to Leon Zwier [REDACTED]

**4:49pm Email** to BH, DS and Leon [REDACTED]

File Note Tuesday 14 June 2022

**Chains of emails** received from BH and DS:

[REDACTED]

**Email to Erin Priestly** to confirm accommodation has been re-booked.

10.01am Call to [REDACTED]

4:06pm Text to BH and DS [REDACTED]

[REDACTED]

File Note Wednesday 15 June 2022

3:02pm Text to BH [REDACTED]

[REDACTED]

File Note Thursday 16 June 2022

**Email to Erin Priestly** seeking update on accommodation booking – return email confirming arrangements and parking.

11

[REDACTED]

File Note Monday 20 June 2022

**8:30am Call from Leon**

**6:07pm Call from Drumgold**

- Defence has put on application for temporary stay, based on Lisa's speech at the Logie's last night
- Will be heard at 9am tomorrow
- Risk here is proximity of public commentary to trial start date
- Drumgold happy to answer any questions BH may have.

**6:27pm Call to BH**

- Informed BH of the above
- Discussed the fact that CJ will need to make decision more quickly due to trial listed for Monday.
- Noted to BH that counsellor I had discussed when we last met is still available

**6:34pm Call to Leon – no answer**

**6:34pm** Text exchange with DS and BH re DS question about nature of award received by Lisa and number of searches.

**6:41pm Return call from Leon**

**6:42pm Text to Shane**

- Confirming I had informed BH and that I'll attend tomorrow morning.

**7:02pm** Text from David – can Drumgold call him? Reply text from BH saying best to leave it.

**7:03pm – Call to David**, noting BH's text, to see if I can answer any of his questions.

[REDACTED]

- Received another call – needed to go.

File Note Tuesday 21 June 2022

**9am Attended Court** – application for a temporary stay listed before McCallum CJ.

Called BH and DS at end of morning hearing to provide summary – advised I would be back at court at 2pm for handing down of CJ decision.

**2pm – Return to Court**

Provided brief text updates to BH and DS.

Temporary stay granted. Possible October listing date.

CJ re-lists for Thursday to identify timing.

**Approximately 9.30pm** Call from DS

[REDACTED]

10:06pm

[REDACTED]

**Text exchange with DS**

[REDACTED]

File Note Wednesday 22 June 2022 (HY on leave)

10:42am Text exchange with DS

[REDACTED]

[REDACTED]

6:37pm Text exchange with DS

[REDACTED]

File Note Wednesday 22 June 2022

9:30pm Text from DS

[REDACTED]

File Note Thursday 23 June 2022

**9am Attended court** for discussion on new listing dates.

Provided brief text updates to BH and DS.

CJ proposing 4 October, Defence seeking next year.

Drumgold has sought undertaking from range of media outlets. CJ indicates if undertakings provided – won't be necessary to consider injunctions.

CJ noting that cultural change at PH is intimately linked with matters before the court.

**Trial fixed for 4 October**

**Directly after Court - Conference Call with Drumgold to DS, BH & BH mum**

- Confirmed court outcome
- Drumgold to seek undertakings from media outlets
- Will prepare for 4 October

**Afterwards:**

- Follow up call to DS/BH/Kelly – no further questions at this stage.

3:49pm Text Exchange with DS

[REDACTED]



File Note Friday 24 June 2022

2:48pm Text from DS

[Redacted]

File Note Wednesday 29 June 2022

Approx 10am

Call from DS

[Redacted]

12:13pm

[Redacted]

Text to BH and DS

[Redacted]

File Note Thursday 30 June 2022

8:37am Text to BH and DS

[Redacted]

11.40am Call to BH

[Redacted]

[Redacted]

[Redacted]

12:22pm Text from DS

[Redacted]



File Note Friday 1 July 2022

[REDACTED]

File Note Sunday 3 July 2022

7:06pm Email to BH [REDACTED]  
[REDACTED]

File Note Tuesday 5 July 2022

9:21am Email to [REDACTED] re counselling for [REDACTED]

Emails at 3:56pm and 4:19pm [REDACTED]  
[REDACTED]

File Note Wednesday 6 July 2022

2:50pm Call to DS

[REDACTED]

File Note Thursday 7 July 2022

11:17am [REDACTED]

11:18am discussion with Shane

Listed for return of subpoenas this morning.

Defence and DPP issued subpoenas. DPP has issued subpoena in relation to [REDACTED] - article in Australia which suggested a knowledge of the brief of evidence.

11:26am Call to David - [REDACTED]

File Note Sunday 10 July 2022

3.19pm Email to BH and DS [REDACTED]  
[REDACTED]

File Note Tuesday 19 July 2022

12:59pm Text from [REDACTED]  
[REDACTED]  
[REDACTED]

File Note Friday 22 July 2022

3:47pm Text to BH [REDACTED]

4:07pm Call to BH - left message [REDACTED]  
[REDACTED]

16:14pm Call to DS:  
[REDACTED]

File Note Saturday 23 July 2022

Text exchange with BH [REDACTED]

File Note Thursday 28 July 2022

Missed call from David.

1:09pm Text from DS

[REDACTED]

2:09pm Call to DS – [REDACTED]  
[REDACTED]

2:17pm Call from DS

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

File Note Saturday 30 July 2022

Email from DS [REDACTED]

Forwarded article to Drumgold on DS request.

[REDACTED]

File Note Monday 8 August 2022

Email from BH [REDACTED]  
[REDACTED]

Exchange of emails – [REDACTED]

Reminder via email to BH that [REDACTED]

File Note Thursday 11 August 2022

9.11am SMS to BH and DS [REDACTED]  
[REDACTED]

9.15am Call from BH and DS – touching base – I will call them back after 9.30am meeting.

10:15am Returned call to BH

[REDACTED]

File Note Friday 12 August 2022

8:44am Text from DS: [REDACTED]

[REDACTED]

10am Missed call and texts from DS – [REDACTED]

[REDACTED]

File Note Monday 15 August 2022

3:02pm Call to David – [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

File Note Tuesday 16 August 2022

8.15am Text from DS.

[REDACTED]

[REDACTED]

[REDACTED]

4:45pm Text check-in with BH and DS

[REDACTED]

#### File Note Tuesday 16 August 2022

PA [REDACTED] @ VS ACT office.

[REDACTED]

#### File Note Tuesday 26 August 2022

Text exchange with DS. He was letting me know that BH is travelling well, is interning at Queensland HRC

#### File Note Monday 29 August 2022

Email from David confirming that he and BH will drive down to Canberra on Sunday 2 October, to give BH time to settle and prepare for Tuesday.

Email to Erin Priestly @ DPP seeking confirmation of accommodation booking for new dates.

Email response to David confirming I was following up with DPP re accommodation. If DPP can't cover Sunday evening – can explore it being covered by FAS.

#### File Note Wednesday 31 August 2022

Email from Erin confirming they will book accommodation from Sunday 2 October for the week, and will reassess as the evidence progresses if needed.

Erin going on [REDACTED] leave from this Friday. Handing over to Sarah Pitney.

#### File Note Wednesday 7 September 2022

**5:08pm Text from DS**, querying listing of matter at 3pm tomorrow.

#### **5:10pm Call to Drumgold**

- Received email this morning from op seeking time with judge
- CJ sought further info
- Received application at 5.05pm
- Seeking unredacted version of download of BH's phone and some other material that DPP consider isn't disclosable.

#### **5:53pm Call to DS**

- Advised of above
- Also discussed possible further online proofing session
- Confirmed DPP are onto accommodation booking – Erin Priestly on leave, handing over to Sarah Pitney
- I will check with Sarah re room bookings.

#### File Note Thursday 8 September 2022

**7:42pm** Text to DS indicating I had not yet received an update from Drumgold – I will follow up in the morning.

#### File Note Friday 9 September 2022

##### **10:58am Call to Drumgold**

Any outcome from matter yesterday?

No outcome as yet. Material hasn't been disclosed.

Op needs to make good his request.

Back in next week – for op to better explain their reasons for seeking his information.

Shane will have to brief someone to deal with 'reasonable appraisal of the case question'

Would have to disclose his case, if DPP exposed to his reasons for wanting them.

Working on written submissions. Will brief Keegan Lee.

Listed: 10am Wednesday for mention, then 10am Friday for disclosure argument.

##### **11:00 call to DS**

Advised of above.

I will email BH this afternoon to advise.

#### File Note Friday 16 September 2022

##### **Call to Drumgold 2:35pm**

Seeking update re court matters this week.

- two applications not being pressed by AFP.
- Police documents – DPP claimed LPP – police not pressing.

- Defence now seeking same info from AFP – they will respond.
- Cellabrite report – Kegan briefed. They said they'd have to disclose their case to explain why they need it. That will resolve early next week.

Next week:

- Create opportunity for further brief with Brittany eg. Friday morning
- Sarah Pitney – I will check in with her re accommodation. Etc.

### **2:41pm Call to BH**

Advised of above.

Noted:

- Email yesterday re advice from [REDACTED] about preparing for court.
- I'm happy to follow up with AFP re being point of contact for complaint.
- Call me any time if I can assist.

### **File Note Monday 26 September 2022**

Text exchanges with DS over the day re;

- 7 days to go.
- Journalists contacting him – he's forwarding them to [REDACTED].
- Concerns re journalists taking footage in court – advised this isn't permitted.
- BH's mum has been advised she'll be required on 11,12,13<sup>th</sup>

### **File Note Tuesday 27 September 2022**

11:30am call to DS after text requesting chat

**Discussed:**

- Nuts and bolts – coming together re travel plans etc.
- [REDACTED] – discussed reimbursement of justice-related expenses eg. travel via FAS, which can be done quickly if required
- Social Media: discussed importance of staying off social media in all forms for the coming week
- Advised going to court tomorrow to check arrangements for use of remote rooms, and rooms for David and Emma to wait in whilst BH in court.
- DS: 14 October – required at court. DPP will book flights and accommodation.
- DS will call if any further questions.





9 November 2022

6:15pm Call from Leon Zwier

[REDACTED]

11 November 2022

11:40am Call to BH

[REDACTED]

11:45am Call to DS

[REDACTED]

Tuesday 15 November 2022

3pm Text to BH

[REDACTED]

3:15pm Email to BH and DS noting:

[REDACTED]

Wednesday 16 November 2022

9:09am Text from BH –

[REDACTED]

2:50pm Email to AFP requesting that for the time being, any updates in relation to BH's complaint kindly be directed to our office (cc'd BH and Drumgold).

Monday 21 November 2022

6:15pm Text

[REDACTED]

[REDACTED]

Tuesday 22 November

11:10am Missed call from Leon Zwier

1:20pm Call to Leon

[REDACTED]

1:26pm Call to BH

[REDACTED]

1:40pm Call to DS

[REDACTED]

[REDACTED]

File Note Wednesday 23.11.2022

11am Online Teams meeting Leon Zwier, Emma, DS BH

[REDACTED]

Text from David

[REDACTED]

11pm Text from Leon

[REDACTED]

**File Note Thursday 24.11.2022****12.30pm Text from David –** [REDACTED]**2:02pm Call to David**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**File Note Thursday 1 December**

Text exchanges between BH, DS, Emma Webster and Leon [REDACTED]

**5:44pm Text from BH** [REDACTED]**5:48pm Call to Shane**

- Difficulty is – media can't turn up without alerting the media
- Sam maiden called – said 'of course it's x' Shane said – no, there is no of course. I'm not going to say what it's about
- Sam rang Leon and said the director confirmed it's 'x'.
- When Leon called - Shane said – no.
- Shane messaged Sam: If you report it is this – it will be false reporting. [REDACTED]

**Question is the speculation:**

- No one has anything to speculate about
- They've deliberately delayed filing the notice so that there's nothing on file
- It will be filed just before 10am.

**Defence have undertaken to CJ not to say anything.**

Given they say there and said they wouldn't – they will honour that.

Advice: don't take media calls.

Shane needs to get people there to ensure media receive same info at same time.

Speculation will be over at 10am.

DPP have contacted the media that reported on the incident saying they'll be there at 10am, a lectern set up, facing this way, Drumgold making a verbatim statement and won't be taking questions. Statement will take 5 minutes.

I confirmed I'd advised B it's a matter for her, but I wouldn't recommend providing media comment.

Shane: It's up to Brittany. After tomorrow – Shane wants to hand B back her story.

Her story belongs to her now. It hasn't belonged to her for a long time – now it's hers.

BH is not bound by Shane's plans for tomorrow.

He will make his statement at 10am. But that does not bind her.

Long overdue that she gets her own say.

Thanked Shane – agreed we would speak tomorrow.

**File Note 12 December 2022**

10:08am Email from Noor Blumer to call – [REDACTED]

[REDACTED]

- Requires FAS schedule of payments
- Is full amount repayable if civil settlement proceeds?
- Advised I would email her this morning with schedule and views on repayment amt.

**10.33am – Call to Leon**

[REDACTED]

10:51am Call to BH [REDACTED]

10:53am Call to DS [REDACTED]

**11:26am Call from BH**

[REDACTED]

**File Note 13 December 2022**

[REDACTED]

6:30pm [REDACTED]

**File note 20.12.2022**

Missed call and text from DS [REDACTED]

**File note 21.12.22**

12.18pm Returned call to DS

- [REDACTED]

[REDACTED]

[REDACTED]

**File Note 23.12.22**

Email from Peter Whowell at 9.19 referencing an FOI request specific to an Internal 'investigation review' document drafted on 3 August 2021 by Commander Andrew Smith for the attention of Deputy Commissioner Neil Gaughan in the context of 'Operation Covina'.

Call to Peter to seek clarification.

9.55am Peter returned my call:

- operational Covina is Lehrmann inquiry
- I noted they weren't required to consult with me, but thanked them for the heads.
- Peter indicated they provided a heads up because board of inquiry is up – noted he understood we would all be fielding inquiries from journalists and FOI requests
- confirmed Document doesn't mention anything about me or DPP
- It's an internal quality assurance review - Assessment by a senior commander with ACT and SACAT experience - A colleague from international
- Went through the quality of the investigation and made some commentary and looked at some avenues of inquiry.
- Because it was something mentioned in a news limited article, wanted to let them know.
- Advised it was my view that we all need to comply with FOI legislative requirement and broadly preferable for all relevant info to be put to the inquiry, rather than circulated

Jo Cameron is on leave, but available on call if necessary.

Thanked Peter for providing heads up.

After further consideration, wrote to Peter in relation to the fact that if the doc references the applicant – any consultation required under the act should occur via her Lawyer.

Determined there was no further action I needed to take on this inquiry at this point.

**File Note Thursday 2 Feb**

Text to BH [REDACTED]

**File Note Wednesday 8 Feb**

Text response from BH [REDACTED]  
[REDACTED]

**5:05pm Call to BH**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** Yates, Heidi  
**Sent:** Wed, 5 May 2021 14:14:46 +1000  
**To:** Brit Mae;David Sharaz  
**Bcc:** [REDACTED]  
**Subject:** Description of the criminal process  
**Attachments:** 201113 - JACS - Charter of Rights Booklet 0305 (1).pdf

OFFICIAL

Hi Britt and David,  
Good to talk to you both briefly this morning, including in relation to a few different aspects of the criminal justice process.

Just in case it's useful, attached is our brand new resource (still in draft form) which describes the criminal law process in the ACT and the rights of people affected by crime at each step. I don't expect that reading this will be a priority but thought I'd flick it through just in case its helpful at any point. In the meantime, I'm very happy to answer any specific questions you may have.

Cheers,  
Heidi

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222





**From:** Yates, Heidi  
**Sent:** Wed, 5 May 2021 15:19:02 +1000  
**To:** Brit Mae  
**Bcc:** [REDACTED]  
**Subject:** Police Update & Stephanie Foster Meeting  
**Importance:** High

OFFICIAL: Sensitive

Hi Brit,  
Good to chat with you.

As discussed:

#### Further discussion with Stephanie Foster

I am very happy to attend with you for a discussion with Stephanie [REDACTED]. I'm afraid my availability this week is pretty tight, but if you'd like to go ahead on Thursday, I can likely shift things around.

Alternatively, I think Stephanie referenced Wednesday next week. I could make myself available anytime on Wed, other than between 12.30 – 2pm, if that's helpful.

#### Communication with Police

I spoke to Marcus Boorman. I confirmed that:

- You would like communication from police to come through me for the time being, which will avoid you having to watch for their calls/texts. As discussed, if you'd like to change this arrangement at any time, please just say the word. Otherwise, I will send you a text (for non-urgent matters) or call (for anything urgent) as soon as they contact me to provide, or ask for, any information. I'll confirm this in writing with police shortly and cc' you in for your records.
- Marcus confirmed that they are likely to come to a decision 'in the next couple of weeks'. When they do come to a decision, he indicated that you will be the first to know. To enable this, he'll be in contact to request an opportunity to meet with you (and whichever support persons you may like to attend) to have a discussion.
- As discussed, Police also may want to request some further info from you to aid their decision-making. They'll come through me to request that at a time that works for you.

Britt, if you have any other questions after considering the above, please don't hesitate to give me a call. You've got my mobile and my direct office line is: [REDACTED].

Talk soon and take care,

Heidi

#### Heidi Yates

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222

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**From:** Brit Mae <[REDACTED]>  
**Sent:** Wednesday, 5 May 2021 1:47 PM  
**To:** Foster, Stephanie <[REDACTED]>  
**Subject:** Re: Input to review [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Stephanie,

Of course, you are more than welcome to reach out. Yes, Friday was quite a draining day.

What availability do you have on Thursday to talk? Ideally, it would be a three way zoom conversation with Heidi from the ACT Victims of Crime Commissioner.

Her expertise in victim centric response is so important to the conversation. I can relay my personal experience in a more forested out manner.

Kind regards,  
Brittany

On Mon, 3 May 2021 at 6:10 pm, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL**

Hi Brittany. I hope it's okay to reach out to you today – I am conscious of the enormous toll Friday's meetings must have taken.

You indicated you might be ready to talk in the next day or so – as you know I'm keen to ensure I'm covering in my report all the issues of importance to you that come within my remit. I have lots of flexibility tomorrow, and also some blocks of time on Wednesday, if either of those days suit.

We could either do a vidcon (my office could send a link and relevant details) or a call – obviously with anyone you wish to have there for support.

If you'd rather not talk further, please let me know and I'll work with the material you've already provided.

Cheers, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

---

**From:** Foster, Stephanie <[REDACTED]>  
**Sent:** Monday, 26 April 2021 11:36 AM  
**To:** Brit Mae <[REDACTED]>  
**Subject:** Re: Input to review [SEC=OFFICIAL]

Hello Brittany

I'm just checking in to see if there is anything else you want to provide or discuss before I finalise my report, in addition to the points in your letter of 4 April.

As you know from Dr Kunkel, I'll be there for your meeting with the Prime Minister on Friday. I look forward to meeting you then.

Cheers, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
T: [REDACTED] M: [REDACTED]

Sent from my iPhone

On 7 Apr 2021, at 20:00, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL**

Hi Brittany

Thanks for your letter, and the very thoughtful recommendations in it. They will really help as I finalise my work.

Your comments about confidential, independent pathways for staff to get fit-for-purpose support and to take forward reports or complaints have been echoed by almost all I've spoken to. This has also been the case on the question of agency and choice for the person affected, which you articulate so clearly. The establishment of the 1800 APH SPT line was in direct response to the support elements of this issue, which struck me as the most urgent need as I started consulting.

There are a couple of things you mention that would need to be considered by Kate Jenkin's longer term independent review – like legislative changes to the PID Act – but most of what you outline are issues I can pick up with my more immediate focus of what can we do now to make things better in advance of Kate reporting.

I'm ready to talk any time that suits you – I'd love to do that to make sure I'm really hearing and understanding your experience with the system as I finalise my report. Let me know what suits you best in terms of timing and format and who you'd like present etc.

Cheers, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

**From:** Brit Mae <[REDACTED]>  
**Sent:** Sunday, 4 April 2021 12:40 PM  
**To:** Foster, Stephanie <[REDACTED]>  
**Subject:** Re: Input to review [SEC=OFFICIAL]

Good Morning Stephanie,

Fantastic news! Please see attached a for letter outlining my concerns for your consideration ahead of next week's interim recommendations.

Ahead of the final report, I am happy to share my personal experience to shine a light on where I found there to be significant failings in the existing supports available to ministerial staff.

Thank-you for flagging your concerns about how my input into your review may be utilised by any future defence in a court of law. I appreciate your concern but I feel it is deeply important to contribute to the discussion how serious staff complaints are processed within Parliament House. Hope you have a lovely Easter long weekend.

Kind regards,  
Brittany

On Sun, 28 Mar 2021 at 7:10 pm, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL**

Dear Brittany

Phil Gaetjens has passed your email on to me as agreed. I would very much appreciate the chance to talk with you about my work.

If you were free to talk early in the week, there is still very much an opportunity to input to any interim recommendations around education and training. I have been pretty much off line doing this work so can make myself available at most times. Tomorrow for example I'm free anytime up to 11:30 and then again between 2:00-5:00, and Tuesday anytime is good except 10:00-11:30. We could also talk about the scope of the final report and how you would like to engage with that.

Now that I have more time to complete the report, I am working with Minister Birmingham's Chief of Staff, [REDACTED], to make contact with staff who have come forward saying they'd like to share their experiences of the complaints system to augment the input I've had to date.

As Phil has done, I want to assure you that any emails between us will be treated completely confidentially. I should note that, in the context of Phil's inquiries, the AFP asked us to be clear that any material you provide to us could be subpoenaed by the defence in a criminal process. Given the forward looking nature of my review I hope this won't be a practical problem.

My numbers are below if it's easier to call than email.

Regards, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

---

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message from your computer system.

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**From:** Yates, Heidi  
**Sent:** Wed, 5 May 2021 17:43:37 +1000  
**To:** Boorman, Marcus  
**Cc:** Brit Mae  
**Bcc:** [REDACTED]  
**Subject:** HIGGINS, Brittany - contact via VOCC  
**Importance:** High

**OFFICIAL: Sensitive**

Marcus,

Thank you for the opportunity to talk this afternoon. As discussed, I'm writing to confirm that Ms Brittany Higgins (cc'd) has requested that, for the time being, contact from police in relation to investigation of her matter come via myself (rather than via direct contact with her). To confirm, my mobile number is: [REDACTED] and my direct office line: [REDACTED].

I look forward to working with you and Ms Higgins as police finalise their investigations. As discussed, Ms Higgins has indicated that she's very open to providing ACT Policing with any further information required, including returning to Canberra in person if this is necessary.

Thanks to you and your team for your ongoing work on this matter. I look forward to staying in touch over the coming weeks.

Regards,

**Heidi Yates**

Victims of Crime Commissioner

ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



**From:** Yates, Heidi  
**Sent:** Tue, 11 May 2021 18:01:47 +1000  
**To:** Brit Mae  
**Subject:** RE: Input to review [SEC=OFFICIAL]

OFFICIAL

Thanks Britt!  
I look forward to discussing tomorrow at midday. I'll give you a call.

Regards,

**Heidi Yates**

Victims of Crime Commissioner  
ACT Human Rights Commission  
5 Constitution Avenue  
Canberra City ACT 2601  
Tel (02) 6205 2222



---

**From:** Brit Mae <[REDACTED]>  
**Sent:** Tuesday, 11 May 2021 5:50 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** Fwd: Input to review [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Heidi,

As discussed.

Please see attached.

Kind regards,  
Brittany

----- Forwarded message -----

**From:** Brit Mae <[REDACTED]>  
**Date:** Sun, 4 Apr 2021 at 12:39 pm  
**Subject:** Re: Input to review [SEC=OFFICIAL]  
**To:** Foster, Stephanie <[REDACTED]>

Good Morning Stephanie,

Fantastic news! Please see attached a for letter outlining my concerns for your consideration ahead of next week's interim recommendations.

Ahead of the final report, I am happy to share my personal experience to shine a light on where I found there to be significant failings in the existing supports available to ministerial staff.

Thank-you for flagging your concerns about how my input into your review may be utilised by any future defence in a court of law. I appreciate your concern but I feel it is deeply important to contribute to the discussion how serious staff complaints are processed within Parliament House.  
Hope you have a lovely Easter long weekend.

Kind regards,  
Brittany

On Sun, 28 Mar 2021 at 7:10 pm, Foster, Stephanie <[REDACTED]> wrote:

**OFFICIAL**

Dear Brittany

Phil Gaetjens has passed your email on to me as agreed. I would very much appreciate the chance to talk with you about my work.

If you were free to talk early in the week, there is still very much an opportunity to input to any interim recommendations around education and training. I have been pretty much off line doing this work so can make myself available at most times. Tomorrow for example I'm free anytime up to 11:30 and then again between 2:00-5:00, and Tuesday anytime is good except 10:00-11:30. We could also talk about the scope of the final report and how you would like to engage with that.

Now that I have more time to complete the report, I am working with Minister Birmingham's Chief of Staff, [REDACTED], to make contact with staff who have come forward saying they'd like to share their experiences of the complaints system to augment the input I've had to date.

As Phil has done, I want to assure you that any emails between us will be treated completely confidentially. I should note that, in the context of Phil's inquiries, the AFP asked us to be clear that any material you provide to us could be subpoenaed by the defence in a criminal process. Given the forward looking nature of my review I hope this won't be a practical problem.

My numbers are below if it's easier to call than email.

Regards, Stephanie.

Stephanie Foster PSM  
Deputy Secretary Governance  
Head APS Reform  
Department of the Prime Minister and Cabinet  
t: [REDACTED] m: [REDACTED]

---

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STEPHANIE FOSTER

12, 5, 21

Trigger - B's response

Not unhelpful - but anchored in B's story.

- Would this have made a diff for getting  
worth thing
- Actually - that's not the point.

3 concrete steps for govt.

PM requested report so it goes to him.

VOCCs, Unwinn, Opposition briefing before 1800.

PM to  
decide next steps

Cabinet  
Party Room

- frustrating.

Frank around all Parliamentary.

Next few days - provide report.

PMO to Birmingham office.

Have consultation

Monday - met - he said - bring it forward.

Coal → recs that could be actioned now - no legislative barrier  
No cross-party politics.

3 things

- ① 24/7 trauma informed support services - CORE ELEMENT.  
1800 for staff + palamarians.
- ② An indep complaint mechanism consequences for unaccept. behavior  
- for public
- ③ Tailored education effort.
  - reminds managers of ab to create safe, respectful workplaces
  - report to do so
  - to ensure staff have language to say - this is what happened & it not acceptable.

Compliance exercise eg. online videos  
review SH & SA + how to respond.

F2F personalized training effort by office  
Staff + COS + Dr MPs

3 areas:

- i) Understanding of Rights + Responsibilities
  - ii) How they get support to advocate that
  - iii) Work & scenarios. NZ + BHPD  
Spectrum Exercise  
Escalation Scenarios
- How do you create a workplace that safe + respectful.  
What will you do in your office practice to

★ INDUCTION FOR NEW STAFF  
What are I covered under  
Acts that apply. Where you can go.

Exp. Process

Sevros Trainer Team

MoPs Act  
Pact environment

Formal responses / case managers

Employing of 5000 - with Legals.

Confidential

Anonymous

1st person - trauma informed

Trainer

ought that causes serious harm. articulated by victim.

'Sevros' → assault, SH, SA  
Sevros + captain bulging + harassment

ns. Employed staff stays in France.

→ U to decide what happens next.

Employing V.

eg. Formal complaint. implications

Support referral eg. To VSA or Police



Lack of feedback units to all parties.

Neutral Justice HRCs

★ Training to all electoral offices -  
- individual training



Will feed info from training into Justice report.

News about training

47" below 35

51" female

## Serious Inquiries

YES

NO

CRIMINAL  
MATTER

BREAK

won't  
investigate

## Own Motion Inquiry

## Phased approach:

## Panel of Reviewers

- who would consider the matter  
not aligned to partyretired public servants  
judges etc.

→ Reces to MP. Craig Kelly.

Use processes of Panel to deal w/ MPs who won't reply.

## Interim Model.

Steph - note take for other interviews he does.  
 might be helpful to have a fountain pen.

Phil hadn't entirely reached out to B.

Wish not to drag B & them.

Opp → Ms Higgins really wants to talk to you.

Lead awkward. (to us in writing).

→ Trust in the confidentiality

→ Ability to impose consequences/sanctions

Absolute, immediate support.  
 - advice in the moment.

ACCOUNTABILITY.

Collect info + provide it back to V.

After Hand Access

- silly news to be done.

Cultural Δ

Tripartism

CPSU was fabulous.

## ① MOPS ACT:

This report will say:

- There is an issue.

- Provision is there 'for reasons'

- In this context - a process effort.

Explicit part of Jenkins ref.

Sept will call it out.

In terms of confidence of V to some format.

- This is an issue.

PID  
ACT

Will be used in.

Jenkins review

DATA



**From:** Brit Mae <[REDACTED]>  
**Sent:** Wed, 12 May 2021 15:04:49 +1000  
**To:** Yates, Heidi  
**Subject:** Re: FW: Input to review [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Heidi,



Just letting you know that I am having some technical difficulties.

Kind regards,  
Brittany

On Wed, May 12, 2021 at 12:32 PM Yates, Heidi <[REDACTED]> wrote:

**OFFICIAL**

FYI – description of review provided by Ms Foster’s office to me ahead of her team’s March meeting with victims of crime commissioners from around the country.

As you may be aware, Stephanie Foster PSM, Deputy Secretary Governance, Department of Prime Minister and Cabinet, has been tasked by the Prime Minister to review whether or not more could be done to support staff who have been part of a serious incident as part of parliamentary employment. The review is to consider:

- a. The processes and procedures involved in **identifying** and **reporting** a serious incident, that occurs as part of parliamentary employment
- b. Steps that can be taken to ensure the processes of reporting and responses to serious incidents are able to be made **independent** from the employer
- c. Recommendations on how to ensure that all reporting and responses to serious incidents are driven by a principle of **providing empowerment** to the victims, and
- d. Recommendations on how to ensure that the **services and support** that are provided to the victim are timely, effective and ongoing.

We welcome the opportunity to speak with you to inform our thinking on the review and discuss best practice in providing support and care for/empowering victims.

## Heidi Yates

Victims of Crime Commissioner

ACT Human Rights Commission

5 Constitution Avenue  
Canberra City ACT 2601

Tel (02) 6205 2222



---

**From:** Brit Mae <[REDACTED]>  
**Sent:** Tuesday, 11 May 2021 5:50 PM  
**To:** Yates, Heidi <[REDACTED]>  
**Subject:** Fwd: Input to review [SEC=OFFICIAL]

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Hi Heidi,

As discussed.

Please see attached.

Kind regards,

Brittany

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My numbers are below if it's easier to call than email.

Regards, Stephanie.

Stephanie Foster PSM

Deputy Secretary Governance

Head APS Reform

Department of the Prime Minister and Cabinet

t: [REDACTED] m: [REDACTED]

---

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