

**In the matter of the *Commissions of Inquiry Act 1950***  
**Commissions of Inquiry Order (No. 3) 2022**  
**Commission of Inquiry into Forensic DNA Testing in Queensland**

**STATEMENT OF DAVID BARRY BRIESE**

I, **David Barry Briese**, of 200 Roma Street, Brisbane, Queensland, 4000 state as follows:

The following statement is provided in response to notices I received from the Commission of Inquiry into Forensic DNA Testing in Queensland requiring me to give information in a written statement regarding my knowledge of matters set out in the Schedules attached to those notices. Attached and marked '**Exhibit 1**' is a copy of each notice.

**Background**

1. My current position within the Queensland Police Service is Detective Inspector of Crime Services, Ipswich Police District.

**Experience and position**

2. I have a Master of Leadership and Management, which I completed in 2020 from Charles Sturt University.
3. I was sworn into the Queensland Police Service on 4 December 1998. After initially working in uniform in 1999 and 2000, in March 2001 I commenced a plain clothes career at Toowoomba Criminal Investigation Branch. In 2005 I obtained my Detective classification. I have worked at Toowoomba Criminal Investigation Branch, Toowoomba Juvenile Aid Bureau, Yeppoon Criminal Investigation Branch, St George Criminal Investigation Branch as the Officer in Charge, Wide Bay Tactical Crime Squad as the Officer in Charge and Maryborough Criminal Investigation Branch as the Officer in Charge. In 2017 I was promoted to the rank of the Detective Inspector of Ipswich Crime Services. Since then, along with performing the roles of that position, I have also performed approximately 14 months as the Detective Superintendent, Regional Crime Coordinator of the Southern Region and 6 months as the Detective Inspector at the Child Trauma and Sexual Crimes Unit at the Crime and Intelligence Command.
4. I am not appointed to any boards or committees.

[Redacted Signature]

David Barry Briese

[Redacted Signature]

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5. My CV is attached and marked as 'Exhibit 2'.
6. As the Detective Inspector of the Ipswich District, I am responsible for the overview and management of all major criminal and child protection investigations. This involves providing advice to operational Detectives, overseeing task and operational management, approving covert and overt investigative strategies and reporting of outcomes through correspondence to the District Officer, Ipswich District. I also manage all human resource matters within the crime group including vacancies, sick and recreational leave, discipline matters and conduct media releases.
7. The Ipswich District encompasses the following geographical area: Ipswich, Goodna, Springfield, Yamanto, Karana Downs, Marburg, Rosewood, Harrisville, Lowood, Toogoolawah, Esk, Boonah and Kalbar.
8. The crime units that I manage include the Criminal Investigation Branch, the Child Protection Investigation Unit, the Suspected Child Abuse and Neglect Unit, the Child Protection Offender Registry, the School Based Policing Unit, the Tactical Crime Squad, the Crime Management Unit, the Tactician unit and District Intelligence Unit.

#### **Forensic medical examinations**

9. I am not aware of and have not been involved in any matter in which a witness has undergone a forensic medical examination. The QPS involvement in forensic medical examinations of complainants is in general terms and based on my experience and knowledge, as follows: upon receiving a sexual offence complaint from a victim and after conducting an assessment taking into account offence details including, importantly, the timing of the offence, an officer will offer the victim a Sexual Assault Investigation Kit (SAIK) examination, to be performed by an appropriately trained health professional at a hospital. If the victim agrees and provides their consent, they attend hospital with an investigator and undergo the procedure. In the Ipswich District, the officer takes the SAIK with them to the hospital. The SAIK is obtained from the Criminal Investigation Branch office at Yamanto or Springfield and handed to the health practitioner by the investigator. The health practitioner opens the SAIK and completes all medical procedures and associated paperwork as required, then re-seals the SAIK and hands it back to the investigator. The investigator then returns to their police station and lodges the SAIK in the property fridge. At the investigator's first

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availability, they will complete a QP00127 'Submission of Articles for Forensic Examination' with the assistance of a Scenes of Crime Officer, who provides them with a Forensic Number. The SAIK is then transported to QHFSS for examination.

10. From 2001 until 2012 I was an operational Detective in Toowoomba, Yamanto, Rockhampton and St George and was involved in this process with both children and adult victims. As I understand it, the process has not changed, apart from the fact that property is now lodged via QPRIME and results are returned via QPRIME where, until approximately, 2007 property, including SAIKs, were lodged using a written exhibit book and results were returned via letter from QHFSS.
11. The QPS involvement in forensic medical examinations of suspects and accused persons is, in general terms and based on my experience and knowledge, as follows: in respect to child offenders, a Forensic Procedure Order must be obtained from the Children's Court Magistrate. In respect to adult offenders and suspects, a Forensic Procedure Order can be consented to by the person. That consent may be withdrawn at any time prior to the procedure being completed). If it is not consented to, then a Forensic Procedure Order must be applied for from the Magistrates Court. In any case, the alleged offender is transported to a hospital where an appropriately trained medical officer conducts the forensic procedure.
12. As regards the equipment used, as far as I am aware a SAIK (obtained from a CIB office) is the equipment most commonly used to perform the forensic procedure. Where only blood is to be obtained, I understand a Road Safety Unit blood kit may be used. Once the forensic procedure is completed, the kit is returned to the investigator for lodging in the property fridge and then, at the first available opportunity, a QP00127 is completed, and the kit delivered to QHFSS for forensic examination.
13. To my knowledge, the only difference in processes between when I was actively involved in investigating offences and now is the exhibit lodging via QPRIME and notification system as explained in the paragraphs above.

### **Sexual Violence Strategy**

14. A copy of the *Queensland Police Service (QPS) Sexual Violence Response Strategy 2021-2023* is attached and marked '**Exhibit 3**'.

  
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15. The *QPS Sexual Violence Response Strategy* was developed as a result of several drivers for change, including: the Royal Commission into Institutional Abuse (the Royal Commission) conducted between 2013 to 2017, the Queensland Government's Sexual Violence Prevention Framework released in 2019, the 2020 ABC News report '*Rough Justice*', on-going investigations by the Women's Safety and Justice Taskforce since March 2021, and release of several papers including '*Hear her Voice*'.
16. The QPS Sexual Violence Response Strategy provides a framework to address the findings of previous and current inquiries to ensure continuous improvement in QPS responses to victims of sexual violence. It aims to enhance the Service's capacity to prevent, disrupt, respond and investigate sexual violence, put victims first and hold perpetrators accountable. The Vision underpinning the Strategy is a victim-centric, trauma-informed sexual violence response that protects the community, strengthens public confidence, and contributes to Queensland and National integrated action plans.
17. In October 2020, I commenced my role as a member on the Sexual Violence Prevention Working Group. The Working Group was chaired by the Detective Inspector of the Child Trauma and Sexual Crime Group. The Working Group was established as a result of / in response to a recommendation of the Royal Commission to continue to prepare and deliver victim-centric, trauma informed training to all staff.
18. On 24 August 2021, I was seconded to the Child Trauma and Sexual Crimes Unit as the Detective Inspector. Whilst seconded to that role I led the Sexual Violence Prevention Working Group and worked alongside others to finalise the completion of the *QPS Sexual Violence Response Strategy*. I was the chair of that Working Group between August and December 2021.
19. The *QPS Sexual Violence Response Strategy* was released in October 2021 to coincide with the Sexual Violence Prevention Month.
20. Debbie Jones (Manager) and Bridgette Allen of the of Policy and Programs Unit Child Abuse & Sexual Crime Group, Detective Acting Superintendent Mark White, Child Abuse and Sexual Crime Group, and Detective Inspector Steve Blanchfield of the Child Trauma and Sexual Crimes Group were involved with developing the Strategy. I am aware that members of the Department of Justice and Attorney-General (DJAG), the Office of the Director of Public Prosecutions (ODPP) and Queensland Health (QH)

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were involved in assisting with the provision of information and advice in the completion of the Strategy. However, I cannot recall who, in particular, from each of those agencies was involved.

Ipswich Sexual Assault Network

21. The Ipswich Sexual Assault Network (ISAN) was formed in December 2021 in response and having regard to the *QPS Sexual Violence Response Strategy*.
22. The ISAN provides relevant agencies and stakeholders with the opportunity to identify new, and build upon and enhance existing, relationships with a view to improving local service delivery to victims of sexual violence. It also provides a platform to educate and raise awareness of relevant issues amongst partner agencies and within the QPS.
23. Core members of ISAN are identified below. Where a core member is unavailable, due to other commitments, a proxy attends in their place. Core members are: Detective Inspector David Brieese; Detective Senior Sergeant [REDACTED] Ipswich Criminal Investigation Branch; the Officer in Charge of the Ipswich Child Protection Unit (Detective S/Sgt currently vacant); Detective Senior Sergeant [REDACTED], the Ipswich Suspected Child Abuse and Neglect team; [REDACTED] Ipswich Domestic Violence Action Centre and Support of Sexual Assault Victims (also the secretariat); [REDACTED] Director of Social Work at Ipswich Base Hospital; [REDACTED] Director of Health Information Management at Ipswich Base Hospital; [REDACTED] Director of Nursing including the Sexual Assault Nurse Examiner (SANE) program at Ipswich Base Hospital; [REDACTED] Legal Counsel at Ipswich Base Hospital; Sgt [REDACTED], Officer in Charge of the Ipswich Domestic Violence Unit; [REDACTED] manager of the Ipswich Police High Risk DV Team; [REDACTED] Principal Crown Prosecutor of Ipswich ODPP; [REDACTED] Ipswich ODPP; [REDACTED] Manager of West Moreton Child Safety Intake and Assessment Team; [REDACTED] District Manager Ipswich Community Corrections; [REDACTED] Principal Advisor Queensland Education; and [REDACTED] Regional Manager of Ipswich Integrated Family and Youth Service. There have also been invited members who attend a specific meeting based on identification

[REDACTED]  
David Barry Brieese

[REDACTED]  
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of issues by any of the core members. Thus far, this includes members of Respect Inc., Bravehearts and the Women's Legal Service.

24. I co-chair the group with Detective Senior Sergeant [REDACTED].
25. Minutes for the January 2022, February 2022, March 2022, April 2022, May 2022, July 2022, and August 2022 meetings are attached and marked 'Exhibit 4'. Minutes are not available for the June 2022 meeting due to the absence of the secretariat.
26. While the ISAN is in its infancy, I believe it is working well.
27. While ISAN meetings are held each month, parties have been able to draw upon the existence of the network to engage in on-going communication with other participants, enabling the timely sharing of information and advice out of session. For example, at times SANEs are unavailable at Ipswich Hospital. When that occurs, [REDACTED] or [REDACTED] advises the ISAN QPS members of that fact. That allows us to make timely, alternative arrangements to attend other hospitals for examinations which is very helpful in terms of keeping victims informed, as well as progressing investigations.
28. In my view, the challenge for the region, in future, will be ensuring appropriately trained nurses are always available to deliver this important service.

#### **Sexual Assault investigation kits (SAIKs)**

29. As set out above, I took up the role of Detective Inspector, Operations Manager of the Child Trauma and Sexual Crimes Unit. It sits within the Child Abuse and Sexual Crime Group, Crime and Intelligence Command, Police Headquarters on 24 August 2021.
30. On 7 September 2021, I first met with Dr Adam Griffin at the Queensland Health Office located at 51 Herschel Street, Brisbane. Detective Acting Superintendent Mark White and Policy and Programs Unit Manager, Debbie Jones, were present at that meeting. From my recollection, Jackie Thompson, SANE State Manager, also attended, along with two other doctors referred to by Dr Griffin as 'Forensic Physicians'. I cannot recall their names. This meeting was organized prior to my commencement at the Child Trauma and Sexual Crimes Group. The meeting was arranged to discuss issues surrounding the completion of SAIK examinations of sexual violence victims around the State. My recollection is that the meeting was cordial and there was consensus amongst those present re: the importance of ensuring victims were being examined at

[REDACTED]

David Barry Briese

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the nearest available hospital, to ease their trauma and to assist police investigators. We agreed to come back on 6 October 2021 to identify and discuss any issues uncovered in the meantime. As I was new to the role the process, of arranging the meetings and preparing relevant information for consideration, was led by Detective Acting Superintendent Mark White and Debbie Jones. I do not have any minutes from this meeting.

31. The 6 October 2021 meeting was held for the purpose of continuing the discussion of issues canvassed at the 7 September 2021 meeting. The meeting was conducted via the Teams platform. I do not know who organized it. I do not have any minutes from this meeting. In relation to the meeting, I recall:
- (a) In attendance was Detective Acting Superintendent Mark White, Debbie Jones, Bridgette Allen, myself, Dr Griffin and Jackie Thompson.
  - (b) The discussion centred on follow up items from the previous meeting. That is, issues experienced across the State in terms of medical staff at hospitals being unable or unwilling to conduct forensic medical examinations on sexual violence victims. I am aware that, at the time, Bridgette Allen was keeping a spreadsheet of issues identified by Investigators across the State in relation to forensic medical examinations. Bridgette or Debbie Jones presented the issues to Dr Griffin, who agreed to follow up on them.
  - (c) Following the meeting, on 8 October 2021, I sent an e-mail to all District Officers and Crime Coordinators within the State updating them on our on-going discussions with QH regarding the process for the forensic examination of sexual assault victims. That email is attached and marked '**Exhibit 5**'.
32. On 26 October 2021, Superintendent Dale Frieberg arranged a Teams meeting with me to discuss my role as the Detective Inspector, Child Trauma and Sexual Crime Group and to invite me to participate in a working group she wanted to establish regarding the issue of SAIK examinations. From that conversation I understood that the Forensics Unit, over which Superintendent Frieberg and previously Superintendent Bruce McNab sat, had experienced issues with respect to obtaining DNA elimination samples for victims of sexual crimes and the refusal, by Dr Adam Griffin, to comply with the *Response to Sexual Assault – Interagency Guidelines for Responding to People who*

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*have Experienced Sexual Assault* ('the Response to Sexual Assault Guideline'). No-one else was involved in that discussion. I have no notes of that discussion.

33. I was due to attend a meeting with Dr Griffin on 9 November 2021, prior to the commencement of the Working Group. I advised Superintendent Frieberg of that arrangement and that I intended, at that time, to raise with Dr Griffin the issues I had just discussed with Superintendent Frieberg. I forwarded Superintendent Frieberg the e-mail I sent out to District Officers and Crime Coordinators on 8 October 2021.
34. On the 27th of October 2021, Debbie Jones and I attended the Queensland State Library where, at the invitation of Jackie Thompson, we presented to the Sexual Assault and Forensic Nurse Conference. We presented on the soon to be released QPS Sexual Violence Response Strategy and the role of the QPS Sexual Violence Liaison Officer. I recall there were numerous persons present in the conference room, as well as a number of people attending on-line. Dr Griffin was present, but I did not have the opportunity to catch up with him personally. For that reason, I sent him an e-mail later that day referring to the issue - of medical staff not obtaining the DNA elimination sample - and requesting a time to speak with him about it. A copy of that email is attached and marked '**Exhibit 6**'.
35. I did not receive a response from Dr Griffin.
36. On 9 November 2021, a QPS/QH catch-up meeting was held. It was conducted in the same manner (via Teams Platform) as the meetings held on 7 September 2021 and 6 October 2021. I do not have any minutes from this meeting.
- (a) I do not recall who was at this meeting apart from Dr Griffin, Debbie Jones and myself.
- (b) I raised the issue of the Response to Sexual Assault Guideline (in terms of collection of the victim DNA reference elimination sample) and questioned Dr Griffin as to why this was not being routinely done by QH. I recall Dr Griffin responded that:
- (i) he believed there could be an issue with cross contamination from saliva and semen in the victim's mouth that would prevent a buccal swab from being taken at the time of the SAIK;

David Barry Brise

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- (ii) even though another person's saliva only takes 8-10hrs to disappear - from a DNA perspective – from the inside of a victim's mouth, he did not want to have different processes for his staff for the taking of DNA depending on whether or not the victim may have mouth DNA contamination;
  - (iii) the current process - of police obtaining the reference sample a few days later - meant there was zero chance of contamination and thus was his preferred process; and
  - (iv) he was concerned about the possible contamination of samples if a reference sample were to be placed in the same SAIK for analysis.
- (c) Following the meeting I sent an e-mail to Dale Frieberg and to Debbie Jones advising them of the outcome of that discussion and the explanation provided by Dr Griffin as to why Forensic Medical Officers were not complying with the Response to Sexual Assault Guideline. See attached and marked 'Exhibit 7'.
- (d) On 18 November 2021, at the request of Superintendent Frieberg, I attended a meeting at Police Headquarters with Superintendent Frieberg, Inspector David Neville, Inspector Peter Bushell, Assistant Commissioner Kath Innes and Assistant Commissioner David French. The purpose of this meeting was to discuss, as a group, the matters raised by Dr Griffin in conversation with me and concerns apparently expressed by the Acting Executive Director of QH Forensic and Scientific Services (FSS), Lara Keller, in respect of Dr Griffin's position in relation to medical officers obtaining DNA reference samples from victims. I was not a part of any discussions with Ms Keller, at that stage. The concern she was said to have had in relation to Dr Griffin was conveyed to me by Superintendent Frieberg during this meeting. Superintendent Frieberg also requested through both A/C's that a Ministerial Briefing Note (MBN) be completed for A/C French for the information and consideration of Deputy Commissioner Tracy Linford. I was not involved in preparing or completing the MBN.
- (e) It was decided that Superintendent Frieberg would meet with Lara Keller on 24 November 2021 to discuss the issues relating to QH's non-compliance with the

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Response to Sexual Assault Guideline. I understood that was with a view to attempting to change the (existing) process engaged in by QH.

37. As a result of the meeting on 18 November 2021, I provided a briefing note via e-mail to my immediate manager, Detective Acting Superintendent Mark White. It advised of the outcomes of the meeting and actions under consideration going forward. The briefing note was provided for his information and consideration of briefing senior management (i.e. Chief Superintendent and/or Assistant Commissioner, Crime and Intelligence Command). A copy is attached and marked '**Exhibit 8**'.
38. I did not attend a meeting on 2 December 2021. On 7 December 2021, Superintendent Frieberg arranged a meeting under the auspices of the newly formed 'Sexual Assault Investigation Kit' (SAIK) Working Group. This group included members of the QPS Forensics Command including Superintendent Frieberg, Inspector Neville, Inspector Bushell and Sergeant Carolyn Hoffman, as well as members of QH including Ms Keller, Cathie Allen, Justin Howes, Jacqui Thomson and Kirsten Scott. Dr Griffin was an apology for that meeting.
  - (a) The group discussed the Response to Sexual Assault Guidelines and the on-going responsibility of collecting reference samples from sexual assault victims. I recall Jacqui Thompson indicated that she could not see a reason why the reference sample could not be obtained at the same time as the completion of the SAIK. There was also discussion by QH in terms of training required, packaging issues and exhibit management. I recall that Inspector David Neville gave an assurance that the QPS would outlay any costs associated with changes in packaging to facilitate a reference sample being included and assuring non-cross contamination. The minutes of this meeting are attached and marked '**Exhibit 9**'.
  - (b) Cathie Allen, on behalf of QH, agreed to research costs and bring back that information to the working group. QH and QPS were each to research proposed workflow models for a new DNA reference sample procedure and provide those to the working group for consideration and further discussion. The group agreed to re-convene on 15 December 2021.
39. In relation to the 15 December 2021 meeting:

[REDACTED]

David Barry Briese

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- (a) It was arranged by the SAIK working group chair Superintendent Frieberg.
- (b) I attended the 15 December 2021 meeting via the Teams Platform. From my recollection the following people were also present: Superintendent Frieberg, Inspector Neville, Inspector Bushell, Sergeant Hoffman and Senior Sergeant Nicole Townsend, as well as members of QH including Ms Keller, Cathie Allen, Justin Howes, Jacqui Thomson, Kirsten Scott and Dr Griffin.
- (c) Further discussion was held in terms of the SAIKs and the issue of obtaining of reference samples from sexual assault victims. It was at this time I recall Dr Griffin challenged the group. He appeared to not believe that the taking of a reference sample in the days after the initial SAIK could be a traumatic experience for a victim. He further stated the guidelines were made in error. Dr Griffin also suggested that to change the current practice (of police obtaining the sample) was an attempt at cost-shifting to QH by QPS. On several occasions Inspector Bushell, Inspector Neville and myself referred to the fact that the Guideline stated that a reference sample was to be obtained by the medical practitioner at the same time as performing the SAIK examination. Dr Griffin admitted he was the co-author of the Guideline. At this point I challenged Dr Griffin's assertion that QPS was attempting a cost shifting exercise. Rather, the intent was to make the process more victim centric. Dr Griffin raised concerns around the medical training to obtain DNA reference samples. He repeated that the Guideline contained a typographical error (that had not been noticed or challenged for seven years). Dr Griffin reiterated the view that there should not be any change to the existing process as QPS could not provide any evidence in support of the suggestion that attendance by police upon a victim, at a later point in time to carry out a further procedure, could be traumatic for that individual. The minutes of that meeting are attached and marked '**Exhibit 10**'.
- (d) It was decided that Superintendent Frieberg would raise QPS' concerns through our senior executive management. We believed that, despite all parties previously agreeing to research and implement a change to process in line with the 2014 guideline, Dr Griffin did not seem willing to agree to this. As the

David Barry Briese

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Senior Forensic Medical Officer for the State, his support was vital. I am not aware of any further meetings being held as a result of that disagreement.

40. On 20 December 2021, I provided an update to the briefing note that I had provided on 22 November 2021. As I recall Detective Acting Superintendent White was away at the time, so I forwarded the brief to Chief Superintendent Colin Briggs, Assistant Commissioner Innes and Superintendent Frieberg. A copy of that updated briefing note is attached and marked '**Exhibit 11**'.

41. I completed my secondment on the 23rd of December 2021.

**Other issues**

42. In my opinion, there is no doubt that the SAIK procedure and everyday medical practice are more invasive than the process for obtaining a DNA reference (mouth) sample. However, from a trauma-informed and victim-centric perspective, and in accordance with the National and State strategies and responses to victims of sexual violence highlighted through the Women's Safety and Justice Taskforce reports, the State Government's Sexual Violence Prevention Framework, recommendations of the Royal Commission and the ABC report, I believe that we should be exploring and welcoming any opportunity to limit the performance of any further invasive medical examination of an already traumatized victim. This is also reflected in the Women's Taskforce 'Hear her voice' report 2, volume 1, recommendations 32 and 40.

43. I do not have any experience with the just in case kits, but I think they are a good initiative as long as someone is appropriately following up with the victim as part of that process.

44. I think the current SAIK model, as set out in the Guideline, is good as long as we have appropriately trained investigators and appropriately trained medical examiners readily available, in the nearest location to a victim, so that the procedure can be performed in timely manner.

45. As far as I am concerned the ongoing issue that exists in relation to SAIKs is the fact that investigators and scenes of crime officers are required to attend with the victim or request the victim to attend a police station within seven days after the SAIK examination to have a DNA reference sample obtained.

[Redacted Signature]

David Barry Briese

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Witness





**Results**

46. Given my role I am not required to use QPRIME on a frequent basis, nor do I have recent experience receiving results in the conduct of investigations. While I understand all results received would be available in QPRIME, my understanding - from speaking with investigators - is that when a positive DNA match is made as a result of a SAIK examination, a QPRIME task is sent from QHFSS to the investigating officer via the police district Crime Manager. I do not know whether a task is sent to the investigating officer if no DNA match is detected.
47. My understanding of the result 'No DNA detected' (or similar) is that this means no DNA has been detected as a result of the examination. I believe this is in respect to both the victim and any possible offender. I cannot recall the last investigation in which I may have received a result of this time. Prior to the establishment of the Commission of Inquiry, I was unaware it was possible to obtain a partial or full profile from a sample which initially returned the result 'no DNA detected' and could request FSS conduct further testing.
48. My understanding of the result 'DNA insufficient for further processing' (or similar) is that some type of DNA was obtained but it was insufficient to match it to a profile of any sort. Prior to the establishment of the Commission of Inquiry, I was unaware it was possible to obtain a partial or full profile from a sample which initially returned the result 'DNA insufficient for further processing' and could request FSS conduct further testing.
49. I don't recall receiving any other kinds of results during my investigations.



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50. As regards the provision of DNA results of an examination to a complainant, I have no recent experience in this and nor do I recall same. Speaking with investigators from my area, I understand they may advise the victim of a positive DNA match in the course of conversations during investigations, but not as a matter of priority or policy. Where no DNA match is obtained and the matter involves an unknown offender, then investigators would, as a matter of course, advise the victim, not to affect or influence a victim's decision but to keep them updated as to the investigation.

**TAKEN AND DECLARED** before me at TANDAMBA in the State of Queensland this  
22nd day of September 2022

[Redacted Signature]

David Barry Briese

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Witness







**In the matter of the *Commissions of Inquiry Act 1950***  
**Commissions of Inquiry Order (No. 3) 2022**  
**Commission of Inquiry into Forensic DNA Testing in Queensland**



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**STATEMENT OF DAVID BARRY BRIESE**  
**INDEX TO EXHIBITS**

<b>Exhibit no.</b>	<b>Description</b>
1.	Notice number 2022/00160 and 2022/00193 – Requirement to give information in a written statement – dated 09/09/2022 and 16/09/2022
2.	CV of David Barry Briese - undated
3.	Queensland Police Services Sexual Violence Response Strategy 2021 – 2023, Crime and Intelligence Command
4.	Ipswich Sexual Assault Network Meeting Minutes – January 2022, February 2022, March 2022, April 2022, May 2022, July 2022 and August 2022
5.	Email from David Briese (QPS) to QPS District Officers and Crime Coordinators – dated 08/10/2021
6.	Email from David Briese (QPS) to Adam Griffin (QH) – dated 27/10/2021
7.	Email from David Briese (QPS) to Dale Frieberg (QH) – dated 09/11/2021
8.	Email from David Briese (QPS) to Mark White (QPS) – dated 22/11/2021
9.	Sexual Assault Investigation Kit (SAIK) Working Group Minutes – dated 07/12/2021
10.	Sexual Assault Investigation Kit (SAIK) Working Group Transcript/Minutes – dated 15/12/2021
11.	Email from David Briese (QPS) to Assistant Commissioner Crime Intelligence Command (QPS) – dated 20/12/2021

## EXHIBIT 1

Notice number: 2022/00160

**COMMISSION OF INQUIRY INTO FORENSIC DNA TESTING  
IN QUEENSLAND**

Section 5(1)(d) of the *Commissions of Inquiry Act 1950*

**REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT**

To: David Brieze

Of: Queensland Police Service

I, Walter Sofronoff QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 3) 2022 to inquire into certain matters pertaining to forensic DNA testing in Queensland require you to attend to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement signed and witnessed as a declaration in accordance with the *Oaths Act 1867* to the Commission of Inquiry on or before **5.00 pm Wednesday 21 September 2022**, by delivering it to Level 21, 111 George Street, Brisbane.

A copy of the written statement must also be provided electronically by email at [REDACTED] with the subject line "Requirement for Written Statement".

If you believe that you have a reasonable excuse for not complying with this notice, you will need to satisfy me of this by the above date.

DATED this 9th day of September 2022

[REDACTED]  
Walter Sofronoff QC

**Commissioner**

Commission of Inquiry into Forensic DNA Testing in Queensland



**Notice 2022/****Schedule of topics for statement****Detective Inspector David Briese**

1. State your full name, current position/title and place of work.

**Experience and position**

2. List your tertiary qualifications, the year you obtained them, and the institute from which the qualifications were obtained (if any).
3. Detail your work history.
4. Identify any appointments to any boards and/or committees.
5. Attach a current CV.
6. Identify the duties/responsibilities of your position. Include a description of the geographical area you oversee, and identify who you report to and how many persons report to you.

**Forensic medical examinations**

7. Explain, to your knowledge, the involvement of the Queensland Police Service (**QPS**) officers in the performance of forensic medical examinations on complainants and witnesses. Detail the process of QPS involvement, from the point of initial contact with the complainant/witness, up until the point at which samples of biological material are submitted to Queensland Health Forensic and Scientific Services. Identify, *inter alia*, where these examinations take place.
8. Identify at which points in your career you investigated sexual offences and were involved directly in the processes described in the paragraph immediately above.
9. Describe how current processes, of the type described in paragraph 7, above, are different to the processes you followed when you were investigating sexual offences?
10. Explain, to your knowledge, the involvement of QPS officers in the performance of forensic medical examinations on suspects and accused persons. Detail the process from the point at which an officer decides a sample should be taken, up until the point at which samples of biological material are submitted to Queensland Health Forensic and Scientific Services. Identify, at the least, where these examinations take place.

11. Describe how current processes, of the type described in the paragraph immediately above, are different to the processes you followed when you were investigating sexual offences?

### **Sexual Violence Strategy**

12. What is the 'Sexual Violence Strategy'? Attach a copy of the Strategy.
13. Detail the full background to the development of, and your involvement with, the Sexual Violence Strategy. Provide specific timeframes of events if possible.
14. Identify who else was involved with developing, preparing and/or implementing the strategy. Explain the role of those persons. In addition, include the involvement of any groups or organisations.
15. If not already discussed in responding to a question above, explain what the Ipswich Sexual Assault Network is, including:
  - (a) when and how it was formed;
  - (b) who is a member; and
  - (c) your role on the network.
16. Attach copies of minutes from each of the meetings of the working group.
17. What impact, if any, has the Ipswich Sexual Assault Network had on the availability and quality of forensic medical examinations for sexual assault complainants in the Ipswich area? Identify any other challenges or issues which exist in conducting forensic medical examinations that the Ipswich Sexual Assault Network has not been able to overcome or improve.

### **Sexual Assault investigation kits (SAIKs)**

18. In about July or August 2021, identify if you commenced a new position, and, if so, what the position was.
19. Identify the problems or issues with sexual assault investigation kits that led to you meeting with Dr Adam Griffin in the second half of 2021? When did you first meet with him in the second half of 2021?
20. In relation to the meeting you had on about 7 September 2021, identify:
  - (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;



- (c) what was discussed at the meeting; and
  - (d) what actions followed from the meeting.
21. In relation to the meeting you had on about 6 October 2021, identify:
- (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;
  - (c) what was discussed at the meeting; and
  - (d) what actions followed from the meeting.
22. In relation to contact you had with Dale Frieberg on or about 26 October 2021, identify:
- (a) who initiated the contact and for what reason;
  - (b) whether anyone else was involved in your discussion/contact with Dale Frieberg, and if so, who;
  - (c) what was discussed; and
  - (d) what actions followed from the contact.
23. Attach a copy of any notes of, or emails related to, your contact with Dale Frieberg on or about 26 October 2021.
24. In relation to the meeting you had on about 9 November 2021, identify:
- (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;
  - (c) what was discussed at the meeting; and
  - (d) what actions followed from the meeting.
25. In relation to the meeting you had on about 18 November 2021, identify:
- (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;
  - (c) what was discussed at the meeting; and
  - (d) what decisions were made at, and what actions followed from, the meeting.

26. Explain the content of, and the reason for, the briefing you gave on 22 November 2021. Identify who the briefing was made to.
27. In relation to the meeting you had on about 2 December 2021, identify:
- (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;
  - (c) what was discussed at the meeting; and
  - (d) what decisions were made at, and what actions followed from, the meeting.
28. In relation to the meeting you had on about 15 December 2021, identify:
- (a) who organised the meeting and for what reason (provide as much background as necessary);
  - (b) who attended the meeting;
  - (c) what was discussed at the meeting; and
  - (d) what decisions were made at, and what actions followed from, the meeting.
29. Attach the minutes of each of the meetings referred to above.
30. Identify how you concluded your involvement with this issue. Identify and attach any briefing note (or similar) you prepared or finalised after 15 December 2021 related to the meetings or SAIKs. Who was that note/document provided to, if anyone?
31. When did you finish in the position you held in the second half of 2021?

**Other issues**

32. Identify and detail any of your concerns with, or criticisms of, the current Queensland SAIK model, the just-in-case kits or the current processes for collecting biological material for forensic DNA testing in sexual assault matters (if not already discussed). Attach any supporting documents.
33. What problems or issues related to SAIKs, or the collection of biological evidence in sexual matters, continue in the Ipswich area?



Notice number: 2022/00193

**COMMISSION OF INQUIRY INTO FORENSIC DNA TESTING  
IN QUEENSLAND**

Section 5(1)(d) of the *Commissions of Inquiry Act 1950*

**REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT**

To: David Brieze

Of: Queensland Police Service

I, Walter Sofronoff QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 3) 2022 to inquire into certain matters pertaining to forensic DNA testing in Queensland require you to attend to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement signed and witnessed as a declaration in accordance with the *Oaths Act 1867* to the Commission of Inquiry on or before **5.00 pm Wednesday 21 September 2022**, by delivering it to Level 21, 111 George Street, Brisbane.

A copy of the written statement must also be provided electronically by email at [REDACTED] with the subject line "Requirement for Written Statement".

If you believe that you have a reasonable excuse for not complying with this notice, you will need to satisfy me of this by the above date.

DATED this 16th day of September 2022

[REDACTED]  
Walter Sofronoff QC

Commissioner

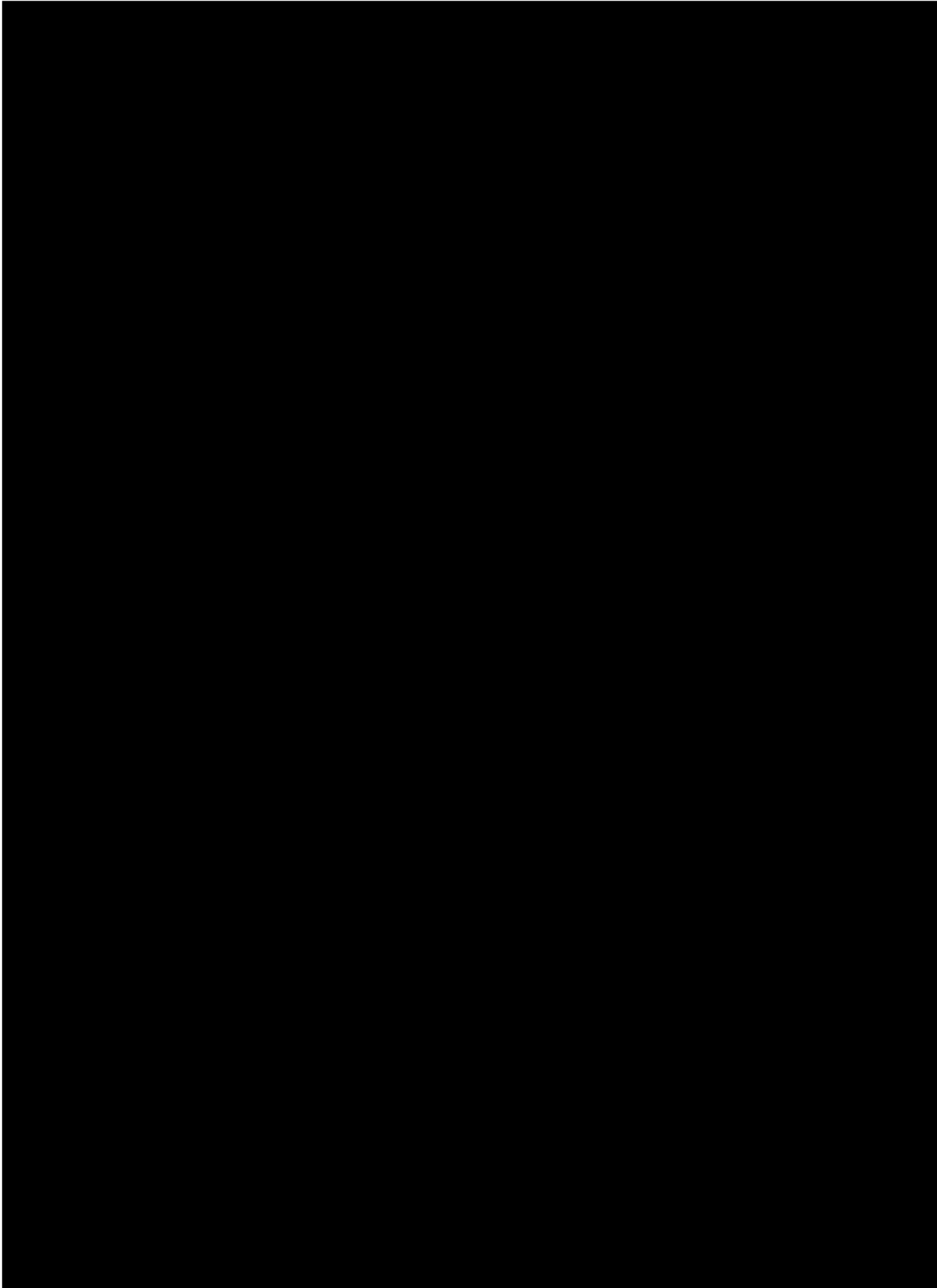
Commission of Inquiry into Forensic DNA Testing in Queensland

**Notice 2022/****Schedule of topics for statement****Detective Inspector David Briese**

Responses to the following questions should be provided as part of the statement you provide in response to Notice 2022/00160.

**Results**

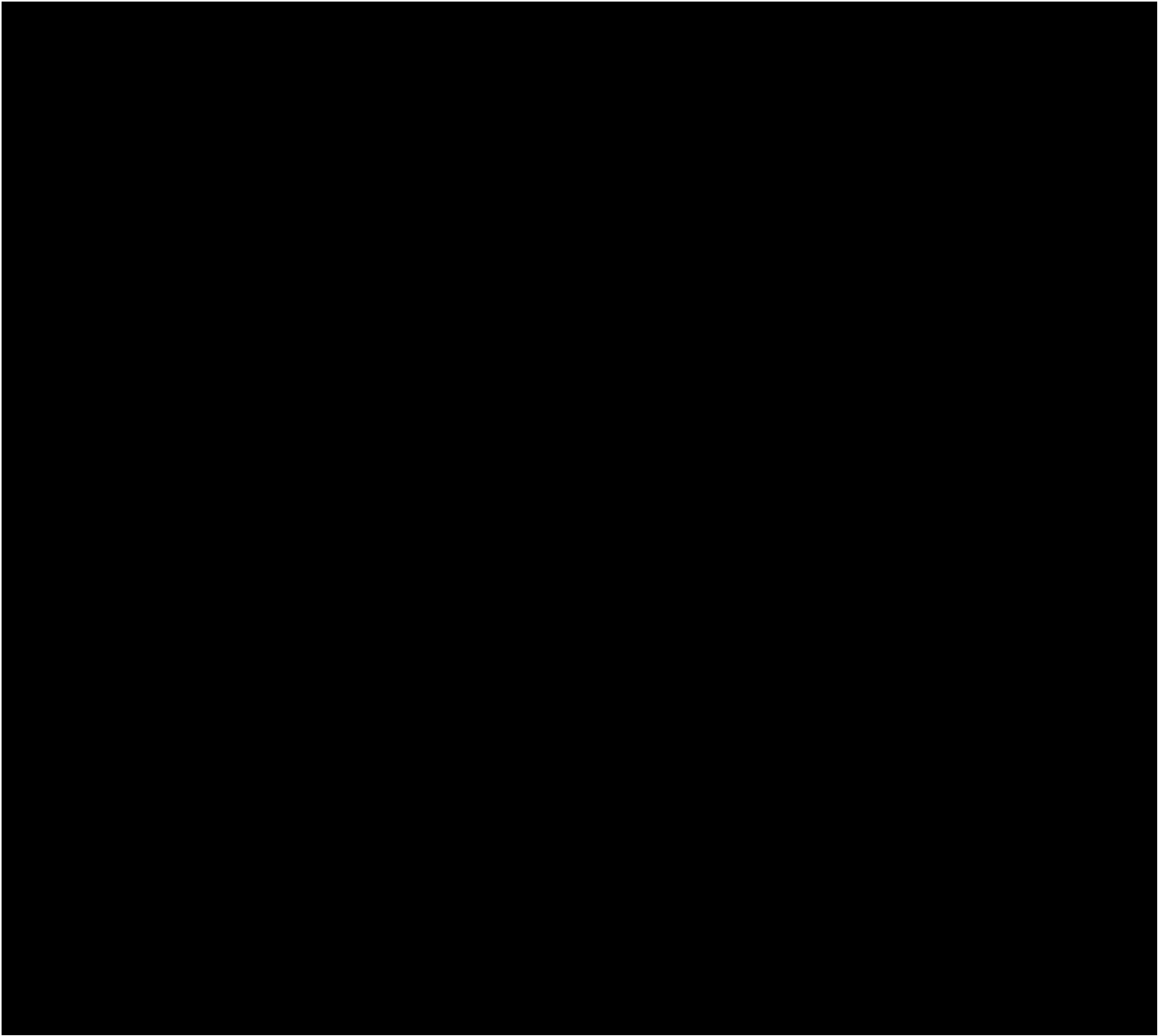
1. Are you, or the investigating officers you supervise, notified when the samples from a forensic medical examination have been tested, and are you/your investigating officers notified of the results? If yes, explain how you are notified.
2. What is your understanding of the result '*No DNA detected*' (or similar)? If you have not seen this result-type before, confirm same.
3. What is your understanding of the result '*DNA insufficient for further processing*' (or similar)? If you have not seen this result-type before, confirm same.
4. What other type of results do you recall receiving? What is your understanding of those results?
5. Are the DNA results of the examination passed onto the complainant/witness? If yes, in your experience, does this have an effect on the complainant's decision to proceed with a criminal complaint? If so, explain how.





4. Qualifications

Please list any internal, tertiary or other courses undertaken or currently being attempted (latest first).  
Insert the appropriate course, year(s) and results (if applicable) in the corresponding cell.  
I certify that I have completed the qualification requirements (where applicable) for appointment to the applied for position. ☒



Relevant tertiary course or qualifications (incl. external institutions)			
Course/Qualification	Year commenced	Year completed	Institution
Master in Leadership and Management (Policing and Security)	2017	2020	Charles Sturt University
Bachelor of Education	1996	1998	University of Southern Queensland

5A. Service History – Substantive Placements

Date of induction: 04/12/1998      Current tenure expiration date\*: N/A

Please provide BRIEF details of your relevant service history. Abbreviate where necessary.  
 Insert the appropriate period, rank, function and location (latest first) in the corresponding cell.  
 \*This is a mandatory field. If not applicable, please enter 'N/A'.

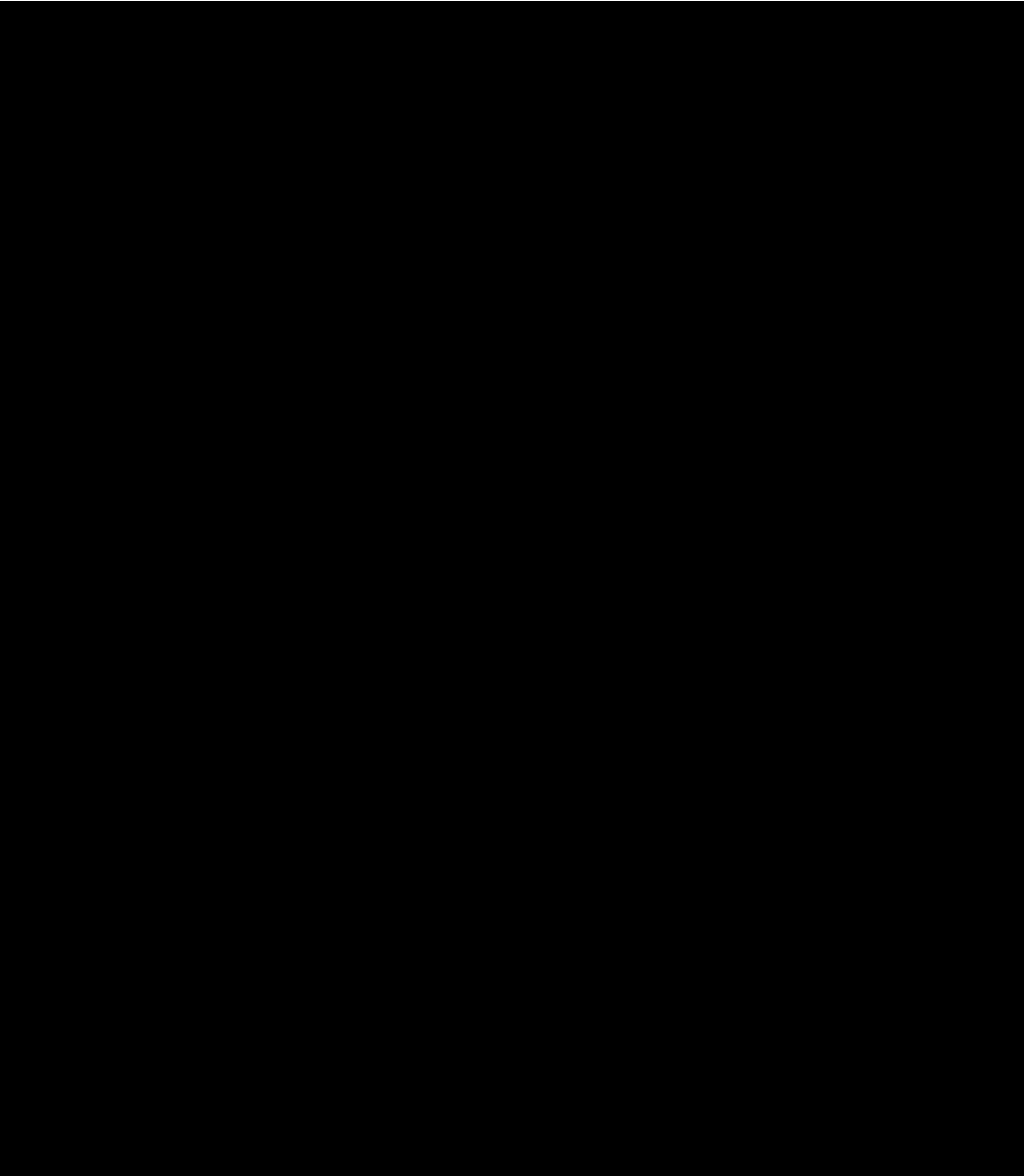
Period (latest first)	Rank	Function	Location
29/01/2018-present	Detective Inspector	Crime Inspector	Ipswich District
04/05/2016-01/12/2017	Detective S/Sgt	Officer in Charge	Maryborough CIB
01/10/2012-01/05/2016	S/Sgt	Officer in Charge	Wide Bay Burnett TCS
25/09/2008-30/09/2012	Detective Sgt	Officer in Charge	St George CIB
05/03/2007-24/09/2008	DSC	Investigator	Toowoomba CIB
06/02/2004-04/03/2007	PCC	Investigator	Yeppoon CIB
13/11/2001-05/02/2004	PCC	Investigator	Toowoomba CIB
24/12/1999-12/11/2001	Constable	General Duties	Toowoomba
05/12/1998-24/12/1999	FYC	First Year Constable	Gold Coast District

## 5B. Service History – Relieving / Secondment Placements

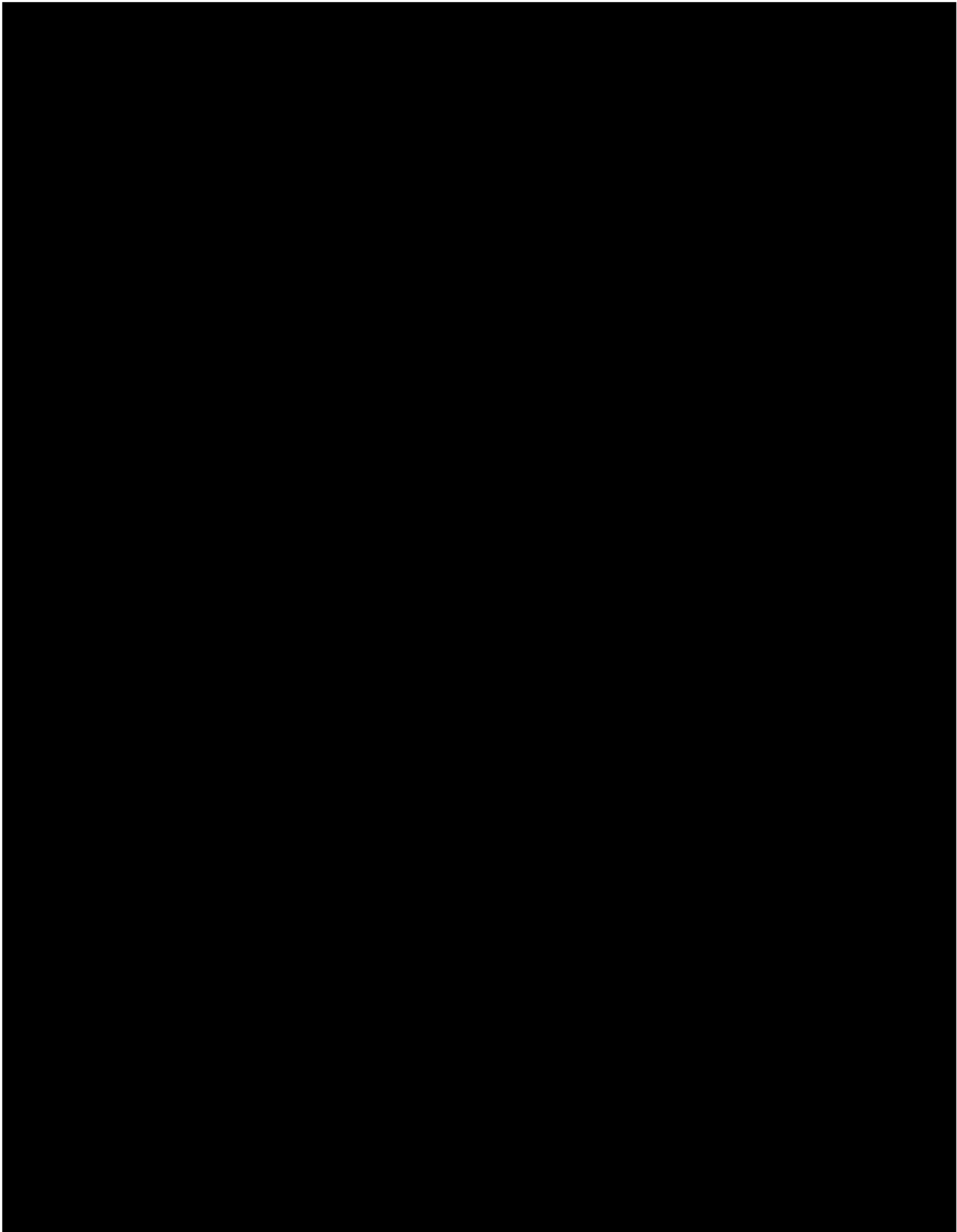
Please provide BRIEF details of your relieving and secondment where relevant to the key selection criteria. Abbreviate where necessary.

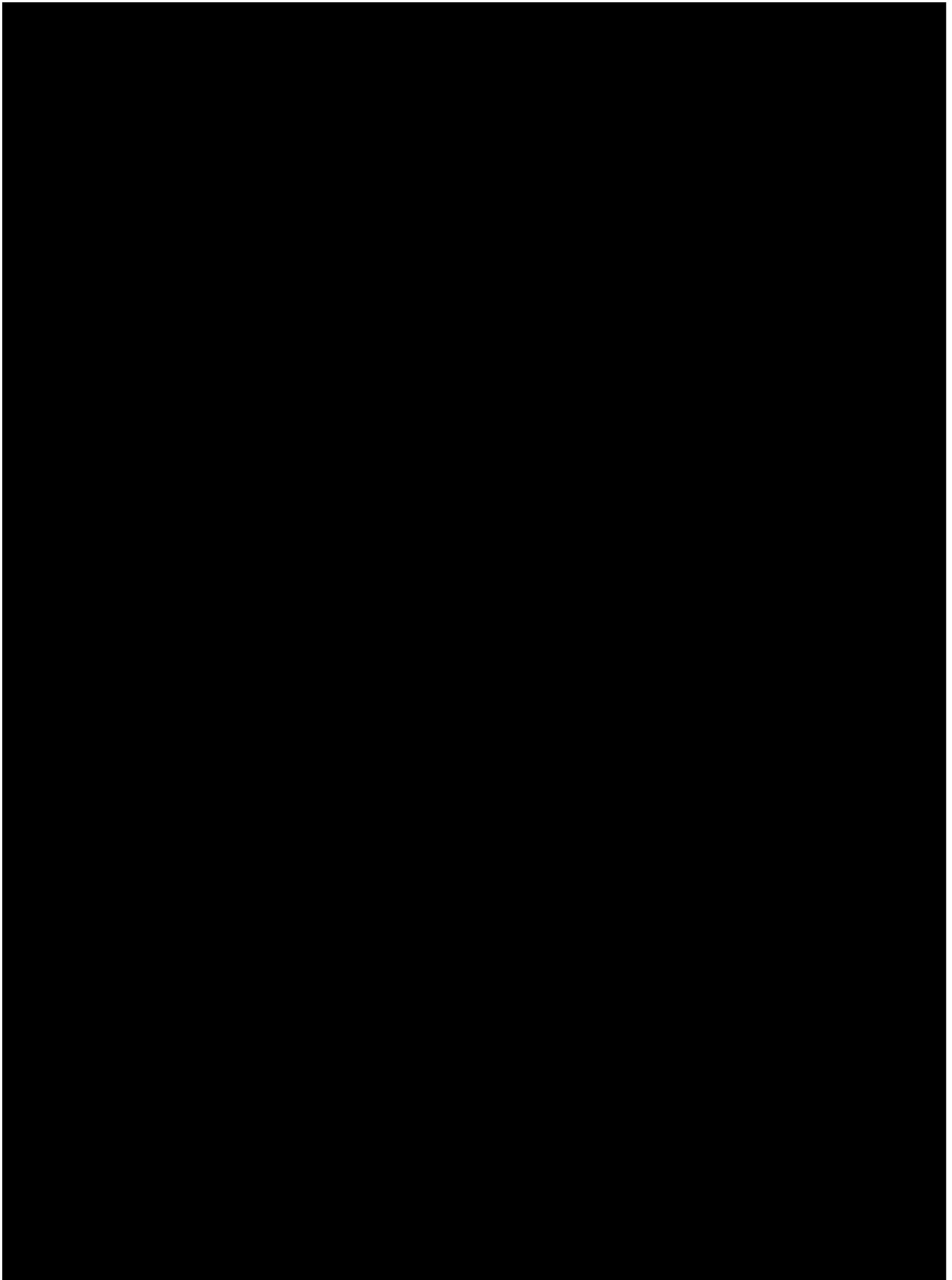
Period (latest first)	Rank	Function	Location
14/05/2022-30/05/2022	Supt	District Officer	Darling Downs District
25/12/2021-10/01/2022	Det Supt	Regional Crime and Intelligence Coordinator	Brisbane Region
24/08/2021-24/12/2021	Det Insp	Operations Manager, Child Abuse and Sexual Crime Unit	Crime and Intelligence Command
01/07/2020-04/07/2021	Det Supt	Regional Crime Coordinator	Southern Region
30/11/2020-22/12/2020	Det Supt	Regional Crime Coordinator	Southern Region
06/07/2020-28/07/2020	Det Supt	Regional Crime Coordinator	Southern Region
06/06/2020-16/06/2020	Det Supt	Regional Crime Coordinator	Southern Region
06/03/2017-07/04/2017	Inspector	Maryborough PG	Maryborough
31/01/2017-19/02/2017	Inspector	Bundaberg PG	Bundaberg
03/01/2017-24/01/2017	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
07/11/2016-01/12/2017	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
20/06/2016-07/10/2016	Inspector	Bundaberg PG	Bundaberg
06/06/2016-19/06/2016	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
01/06/2015-05/02/2016	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
08/11/2014-23/11/2014	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
17/04/2014-30/05/2014	Inspector	Gympie PG	Gympie
17/02/2014-28/03/2014	Inspector	Maryborough PG	Maryborough
23/09/2013-29/11/2013	Inspector	Maryborough PG	Maryborough
08/07/2013-13/09/2013	Det Insp	Crime and Support Services Inspector	Wide Bay Burnett
23/02/2013-12/05/2013	Inspector	Maryborough District	Maryborough
20/02/2012-14/04/2012	S/Sgt	Officer in Charge	St George
01/08/2011-23/09/2011	S/Sgt	Officer in Charge	St George
28/03/2011-22/04/2011	Sgt	Support Officer to District Officer	Roma
25/06/2010-16/07/2010	S/Sgt	Officer in Charge	St George
08/03/2008-21/03/2008	Det Sgt	Team Leader	Toowoomba CIB
05/01/2008-01/02/2008	Det Sgt	Team Leader	Toowoomba CIB
28/07/2007-10/08/2007	Det Sgt	Team Leader	Toowoomba CIB

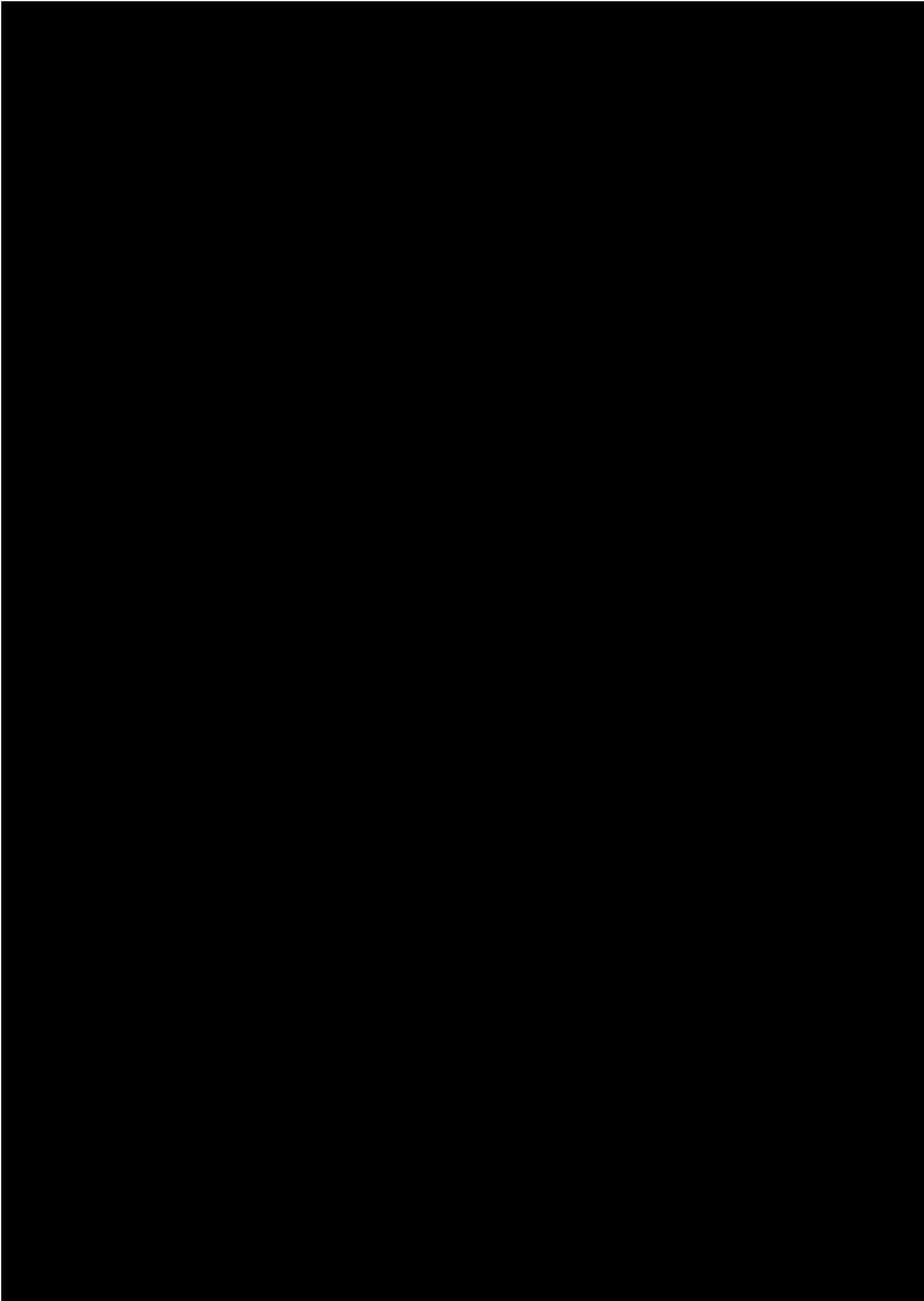
28/07/2007-10/08/2007	Det Sgt	Team Leader	Toowoomba CPIU
23/06/2007-06/07/2007	Det Sgt	Team Leader	Toowoomba CIB
05/08/2006-26/01/2007	Det Sgt	Officer in Charge	Yeppoon CIB
02/01/2006-31/03/2006	PC Sgt	Officer in Charge	Yeppoon CIB
18/04/2005-13/05/2005	PC Sgt	Officer in Charge	Yeppoon CIB
04/02/2005-18/02/2005	PC Sgt	Officer in Charge	Yeppoon CIB
14/08/2004-26/08/2004	PC Sgt	Officer in Charge	Yeppoon CIB













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EXHIBIT 3

# **QPS SEXUAL VIOLENCE RESPONSE STRATEGY 2021–2023**

**Crime and Intelligence Command**



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## INTRODUCTION

The Queensland Police Service (QPS) commitment to deliver a victim-centric, trauma-informed response to sexual violence will protect our community, strengthen public confidence and build on Queensland and National responses to reduce sexual violence. This *Sexual Violence Response Strategy 2021-2023* aims to enhance the Service's capacity to prevent, disrupt, respond and investigate sexual violence, put victims first and hold perpetrators accountable. It is important to note the *Purpose, Vision, Priorities/Objectives* and *Underlying Principles* relate to this Strategy only.

Purpose	Vision
Together we prevent, disrupt, respond to and investigate sexual violence by putting victims first and holding perpetrators accountable.	A victim-centric, trauma-informed sexual violence response that protects the community, strengthens public confidence, and contributes to Queensland and National integrated action plans.

The QPS has set four strategic priorities to achieve its vision:

- 1. Advance Our People** towards applying a victim-centric, trauma-informed approach when responding to sexual violence.
- 2. Enhance Our Response** by improving our capability to prevent, disrupt, respond to and investigate sexual violence in Queensland.
- 3. Empower Our Community** and reduce community harm through proactive engagement and education, and promoting access to victim support services.
- 4. Maximise Our Partnerships** with government and non-government agencies, and academia to achieve our vision.

## Scope of the Strategy

This strategy relates to sexual violence involving victims over the age of consent (16 years of age or older). Refer to page 9 for our working definition of sexual violence.

## Drivers for Change

The QPS recognises the importance of its response to victims of sexual violence. Police assume a critical role for victims during a highly traumatic time and within an unfamiliar criminal justice system. Recent reporting revealed a perception within some sectors of our community that police and the justice system are not

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uniformly meeting the needs of victims. The QPS has heard these community concerns and is committed to improving its response to victims of sexual violence:

**Royal Commission** – The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) gathered research, explored case studies, interviewed survivors and experts in the areas of prevention, support, investigation and prosecution. The Criminal Justice Report, published in August 2017, identified inadequacies in institutional (including police and justice system) responses to victims, such as<sup>1</sup>:

- lack of empathy for victims;
- failing to adequately address their needs in a trauma informed way; and
- victims feeling disempowered during investigation and prosecution processes.

**Sexual Violence Prevention Framework** – In October 2019 the then Minister for Child Safety, Youth and Women, and the Minister for Prevention of Domestic and Family Violence published the *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence* (the Framework).<sup>2</sup> The Framework establishes priorities for action that guide the Queensland Government's approach to preventing and responding to sexual violence. The Framework identified three priority areas: Prevention; Support and Healing; and Accountability and Justice.

The QPS has responsibility for three action items from Priority Three (Accountability and Justice) under the Framework:

- To develop an online reporting form to provide an alternate avenue for victims of sexual assault to report to police;
- To provide victim-centric and trauma-informed training to all police officers; and
- To conduct a pilot program of a dedicated Sexual Violence Liaison Officer (SVLO) within the Townsville District, and to conduct a comprehensive evaluation to determine the feasibility of the model and resourcing needs for expansion across all districts. Logan District was also added as a trial site during implementation.

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**Media** – On 28 January 2020, ABC News published a report outlining its analysis of sexual assaults reported to police in Australia between 2008 and 2017.<sup>3</sup> It was generally critical of the national policing response to sexual assault. The findings for Queensland included:

- In 2018, 40% of sexual assault reports were either unfounded or withdrawn;
- In 2018 Queensland recorded the highest rate of reports withdrawn across Australian jurisdictions (33%); and
- The Gold Coast City Council area recorded 44% of reports withdrawn.

**Office of Health Ombudsman** – On 5 June 2020, correspondence was received from the Office of the Health Ombudsman (OHO) raising concerns about the quality of some police investigations into health practitioners accused of sexual offences. The OHO identified two recurrent and related concerns associated with these police investigations:

- Inconsistency in police decision-making whether to prosecute; and
- Victims being discouraged from pursuing a prosecution.

The OHO infers both issues arise from a mistaken belief by some police there is a limited prospect of a successful prosecution based on the uncorroborated testimony of an otherwise credible victim; and, if the practitioner was found guilty, there is a limited likelihood of a sentence of imprisonment being imposed.

**The Women's Safety and Justice Taskforce** – On 11 March 2021, the Queensland Government announced a wide-ranging review into the experiences of women and girls with the criminal justice system, both as victims and offenders. The Women's Safety and Justice Taskforce (the Taskforce) was established to undertake the review. In June 2021, the Taskforce released its second discussion paper seeking community feedback about women's and girls' experiences with the criminal justice system regarding sexual violence.<sup>4</sup> The Taskforce specifically references recognising and responding to trauma, including trauma-informed care and practice. Further, the Taskforce indicated they will examine several other themes in the discussion paper including:

- Community understanding of sexual offences and barriers to reporting;

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- Community attitudes to sexual violence against women and girls;
- Police response, investigation and charging of sexual offences;
- Legal and court processes for sexual offences;
- Drivers behind women and girls in the criminal justice system and their engagement with police and the legal system; and
- Women and girls experience of imprisonment and release into the community.

Findings and recommendations from the Taskforce may impact the criminal justice system broadly and the QPS specifically, informing responses to women and girls who are victims of sexual violence or who are accused of crimes.

### ***QPS Sexual Violence Response Strategy 2021-2023***

The *QPS Sexual Violence Response Strategy 2021-2023* (the Strategy) provides a framework to address the findings of previous and current inquiries to ensure continuous improvement in QPS responses to victims of sexual violence. The Strategy complements the work of the Royal Commission, Taskforce and the Queensland Government Framework while focussing on the role and responsibilities of police to prevent, disrupt, respond to and investigate sexual violence.

### **Actions to Date**

These recent drivers of change reflect comparable insights revealed by the 2003 Crime and Misconduct Commission report *Seeking Justice: An Inquiry into how sexual offences are handled by the Queensland criminal justice system*<sup>5</sup> (Seeking Justice). As a result of the report, the QPS initiated significant changes in how it responded to sexual violence.

Included in these reforms was improved investigator training to better understand the impacts of sexual violence and enhance investigator responses. The Understanding Sex Crimes Course was created and delivered to all investigators across the then Juvenile Aid Bureau (now Child Protection and Investigation Units - CPIU) and Criminal Investigation Branches (CIB). At the time, this was a standalone course with limited resourcing to reach future investigators, frontline

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sworn officers and/or staff members who are potentially the first QPS representatives to have interaction with victims of sexual violence.

In response to the Seeking Justice report, the QPS and the Office of the Director of Public Prosecutions (ODPP) also formed the Failed Sexual Offence Prosecutions Steering Committee and associated Working Group which included in their terms of reference an assessment of failed sexual offence prosecutions and whether systemic issues existed in the investigation and prosecution of sexual offences. The Steering Committee and Working Group continues to meet as required. To date, no systemic issues have been identified. Practice issues have been identified and action taken to address them.

In 2016, after identifying a need to extend the work started by the Understanding Sex Crimes Course, the QPS commenced delivering the Investigating Sexual Assault – Corroborating and Understanding Relationship Evidence (ISACURE) course to investigators. This course includes presenters with lived experiences, professionals in the field of trauma and supporting victims, and practical training in interviewing victims of sexual violence. ISACURE continues to be delivered to investigators from around the State and has been independently evaluated as improving the police response to sexual violence.

Since 2019, the QPS has continued to build its suite of initiatives to respond to sexual violence including:

- Developed and implemented an online sexual assault reporting form to provide an alternate reporting avenue for victims of sexual violence. This finalised one of the actions under the Sexual Violence Prevention Framework as well as meeting Royal Commission recommendations;
- Conducted a trial of a dedicated Sexual Violence Liaison Officer (SVLO) in Townsville and Logan Districts, in accordance with action 3.2.1 of the Framework;
- Completed a comprehensive evaluation of the SVLO trial with recommendations for enhancing the QPS response to victims of sexual violence, in accordance with action 3.2.1 of the Framework;
- Commenced development and delivery of a QPS state-wide, sustainable, victim-centric and trauma-informed training program in partnership with

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the University of Queensland, in accordance with Royal Commission recommendations; and

- Established a Sexual Violence Prevention Working Group to lead and inform the Service-wide response to sexual violence.

While the Service has responded to previous calls for reform of its response to sexual violence, the QPS recognises that sustaining and building improvements requires a coordinated response. This Strategy represents the mechanism through which the Service will harness and coordinate activity to deliver, and continually improve, its professional, victim-centric and trauma informed responses to victims of sexual violence. The Detective Superintendent, Child Abuse and Sexual Crime Group (CASCg), Crime and Intelligence Command (CIC) will assume the role of capability owner for the Strategy to coordinate fit for purpose, agile and flexible strategies supported by clear actionable tasks implemented across the State. This role includes consistent messaging about the Service's commitment to professional, victim-centric and trauma informed responses to sexual violence.

## **Relationship to State and National Priorities and Plans**

The QPS *Sexual Violence Response Strategy 2021-2023* aligns with a broad range of State and National reforms, frameworks, action plans and strategies currently being implemented across Australian jurisdictions (see Figure 1).

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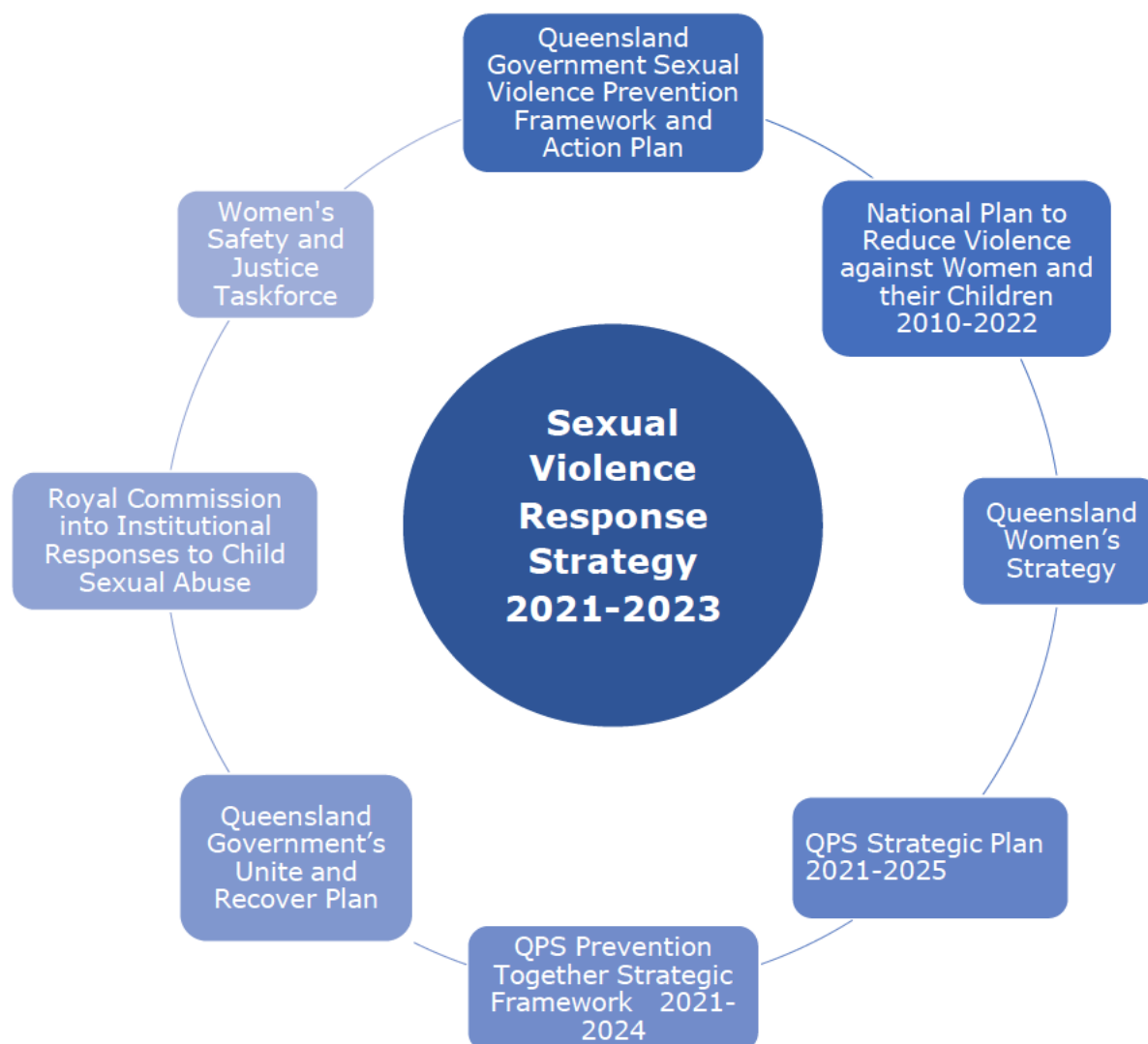
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Figure 1. State and National priorities/plans

## QPS Capability Owner

The Child Abuse and Sexual Crime Group (CASCg) is a specialist group within the Crime and Intelligence Command (CIC). The CASCg aims to protect children and the community by identifying, responding to and preventing physical and sexual offending. The Sexual Crime Unit, CASCg is responsible for responding to serious or complex cases of serial rape, sexual assault and online sex crimes against adult victims, and providing specialist investigative assistance to regions.

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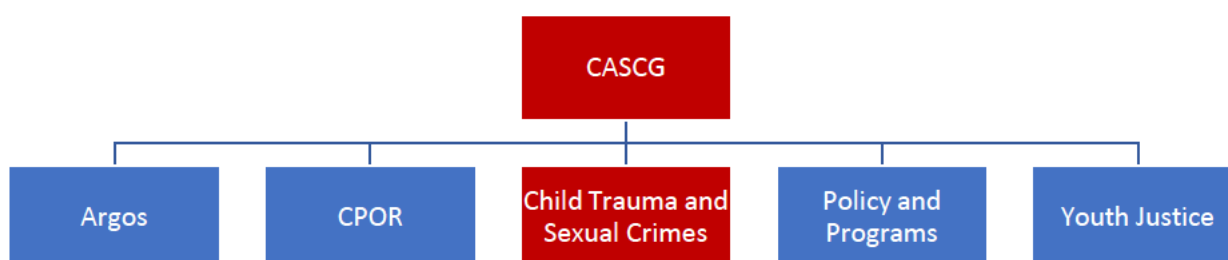


Figure 2. CASC G Organisational Chart

In June 2021, following CIC's Commissioner's Performance Review, CASC G assumed responsibility for the Service's sexual violence capability. This role includes, but is not limited to, coordinating specialist sexual violence advice, training, intelligence and best-practice investigations state-wide, and managing the implementation and monitoring of this Strategy.

## Strategy Development

The objectives, strategies and action items that comprise the Strategy were developed in consultation with subject matter specialists from Commands, Regional/District representatives, and a rapid review of internal and external sources. This includes sexual violence strategic plans from other National and international jurisdictions, Queensland and national frameworks, internal evaluations and research evidence.

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## DEFINING SEXUAL VIOLENCE

*Sexual Violence* is defined as any unwanted sexual behaviour towards another person and encompasses a range of offence types.<sup>6</sup> The scope of this strategy is sexual violence relating to victims over the age of consent (16 years of age or older), and encompasses the following offence types:

- **Sexual assault**<sup>7</sup> refers to any unwanted sexual act that is forced on a person without their consent – including where intimidation, physical force, or coercion are involved. Sexual assault includes rape and attempted rape, as well as unwanted sexual touching or groping, or being forced to perform a sexual act on another person. Rape is a term used when sexual penetration is involved.
- **Youth sexual violence and abuse**<sup>8</sup> is defined as sexual contact between persons where either the perpetrator or the victim is under 18 years of age and where that contact is non-consensual. Such contact is non-consensual if either person is under 16 years of age (out of scope) or lacks the capacity to consent, or if a situation of imbalance of power exists, and if there is the presence of a threat or coercion to either person.
- **Technology-facilitated sexual violence**<sup>9</sup> is a range of behaviours where digital technologies are used to facilitate both virtual and face-to-face sexually based harms. This can include unwanted sexting, cyberstalking using mobile phones and social media technology, harassing and repetitive text messages or phone calls of a sexual nature, using technology to record sexual activity without consent, creating fake sexual images or videos, and sharing sexual images or video without consent of those involved, often called image-based abuse.
- **Intimate partner sexual violence**<sup>10</sup> refers to the perpetration of sexual acts without consent in intimate relationships (including by cohabiting and non-cohabiting partners, boyfriends/girlfriends, spouses or dates). It may involve physical force or psychological/emotional coercion, unwanted sexual acts, or tactics used to control decisions around reproduction. Intimate partner sexual violence often occurs alongside other forms of domestic and family violence, and puts a victim at much higher risk of being killed.<sup>11</sup>

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## SEXUAL VIOLENCE PREVALENCE

## NATIONAL

27,505

Sexual assault victims  
in FY2019/20. This equates to 107  
victims per 100,000 population<sup>1</sup>

↑ 5%

Average yearly  
increase in  
victims since  
FY2014/15



**4 in 5** of  
victims are  
female<sup>2</sup>

**1 in 3** sexual assaults are  
domestic or family violence  
related (intimate partner  
sexual violence)<sup>3</sup>



**Significantly under-reported**  
A FY2019/20 survey estimates  
**62,700** adults experienced sexual  
assault. Only **30%** reported the most  
recent incident to police<sup>4</sup>



**67%**  
sexual assaults  
occur in residential  
locations<sup>5</sup>

Note: There is no nationally consistent method of capturing sexual violence.  
Therefore these statistics focus on 'sexual assault'.

## QUEENSLAND

6,870

**Sexual violence  
related offences\***  
involving victims 16 years  
and over in 2020

↑ 16%

Increase  
compared to  
2017  
(n=5,908)



**4 in 5** of  
victims are  
female<sup>9</sup>

**96%** of offenders  
are male<sup>10</sup>

**35%**  
withdrawn or  
unfounded  
in 2020

One of the highest  
proportions across  
Australian jurisdictions<sup>7</sup>

### Rape myths, Negative attitudes

by police are some of the key hurdles that  
stop victims feeling believed and supported<sup>8</sup>

### Population groups at a higher risk of experiencing sexual violence<sup>11</sup>:

- First Nations people
- People with disability
- LGBTIQ+ people
- People from CALD backgrounds
- Sex workers
- People in the custodial system

\*Includes all offence codes under 'sexual offences' except online report – sexual assault, indecent treatment of children, and unlawful carnal knowledge.

^ includes rape and attempted rape complaints

1 Australian Bureau of Statistics – Victims of Sexual Assault Australia ABS Recorded Crime Victims 2019 -20

2 Australian Bureau of Statistics – Victims of Sexual Assault Australia ABS Recorded Crime Victims 2019 -20

3 Australian Bureau of Statistics – Victims of Sexual Assault Australia ABS Recorded Crime Report 2019.

4 <https://www.abs.gov.au/statistics/people/crimeand-justice/crime-victimisation-australia/2019-20#sexual-assault>

5 Australian Bureau of Statistics – Victims of Sexual Assault Australia ABS Recorded Crime Report 2019.

6 Queensland Police Service, Sexual Offences data extract [10 June 2021]

7 Queensland Police Service, Sexual Offences data extract [10 June 2021]; <https://www.abc.net.au/news/2020-01-28/how-police-are-failing-survivors-of-sexual-assault/11871364>

8 Scott, R., Douglas, H., & Goss, C. (2017). Prosecution of Rape and Sexual Assault in Queensland: Report on a Pilot Study

9 Queensland Police Service, Sexual Offences data extract. Time period: CY2017-2020. [10 June 2021]

10 Queensland Government Statisticians Office – Crime Report 2019

11 Prevent. Support. Believe. Queensland's Framework to address Sexual Violence

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## COLLABORATIVE MULTIAGENCY RESPONSE

Due to the often complex nature of sexual violence offences, integrated multi-agency responses are imperative.<sup>12</sup> A broad range of government and non-government agencies assume key roles in responding to sexual violence, including the Queensland Police Service, Queensland Health, the Department of Justice and Attorney-General, Department of Communities, Disability Services and Seniors, Department of Children, Youth Justice and Multicultural Affairs, and non-government organisations who deliver specialist sexual assault support services.<sup>13</sup> While each agency has their own role within the system, effective inter-agency partnerships will enable the delivery of a holistic response that supports victims through the criminal justice process, from their first point of contact, to investigation, prosecution and beyond.<sup>14</sup>

### Our role in the system

The QPS assumes a unique and important role within the multi-agency response, including:

- **Identify** – Provide avenues for victims to report sexual violence;
- **Investigate** – Investigate allegations, identify the suspect/offender, gather evidence;
- **Protect** – Protect the victim from further harm;
- **Prosecute** – Prosecute the offender;
- **Support** – Support the victim through the investigation and court process, refer victim to appropriate external support services, keep the victim informed, provide safety advice as appropriate;
- **Educate** – Deliver community education and awareness campaigns, as well as inform and promote partner agency information and education campaigns;
- **Prevent** – Leverage intelligence and research to promote primary, secondary and tertiary prevention messages and strategies to promote community safety; and
- **Disrupt** – Develop targeted strategies to interrupt facilitators of crime and/or patterns in offending to promote the safety of identifiable populations in defined situations and/or at risk of victimisation.

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## PRINCIPLES UNDERPINNING OUR APPROACH

The principles underpinning this strategy align with the QPS purpose, “*Together we prevent, disrupt, respond and investigate*” (see Figure 3 below).

<p><b>Prevent</b></p> <p>Work together to reduce harm, trauma and crime to enhance community safety.</p>	<p><b>Disrupt</b></p> <p>In collaboration, conduct intelligence-led, early intervention activities to reduce crime opportunities that harm our community</p>
<p><b>Respond</b></p> <p>Provide timely and coordinated interventions to address real or perceived issues to protect our community.</p>	<p><b>Investigate</b></p> <p>Objectively and impartially examine and analyse an event or crime to achieve a just outcome in service of our community.</p>

Figure 3. Principles underpinning our approach

Translation of these principles is informed by the following practice orientation:

- **Victim-centric** – prioritisation of victim needs using methods designed to reduce ongoing trauma.<sup>15</sup>
- **Trauma-informed** – a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, emphasising physical, psychological, and emotional safety for everyone; and one that creates opportunities for victims to build a sense of control and empowerment.<sup>16</sup>
- **Evidence-informed** – approaches that combine researched/evaluated interventions to guide, inform and build on responses and services for victims.<sup>17</sup>
- **Consideration of human rights** – respect, protect and promote the human rights of individuals in alignment with the *Human Rights Act 2019*.<sup>18</sup>

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## STRATEGIES AND ACTIONS

Purpose	Vision
Together we prevent, disrupt, respond to and investigate sexual violence by putting victims first and holding perpetrators accountable.	A victim-centric, trauma-informed sexual violence response that protects the community, strengthens public confidence, and contributes to Queensland and National integrated action plans.

The Queensland Police Service has established four interconnected strategic priorities to achieve this purpose and vision:

Advance Our People	Enhance Our Response	Empower Our Community	Maximise Our Relationships
Advance our workforce towards applying a victim-centric, trauma-informed approach when responding to sexual violence.	Improve our capability to prevent, disrupt, respond to and investigate sexual violence in Queensland.	Empower the Queensland community and reduce community harm through proactive engagement and education, and promoting access to victim support services.	Maximise partnerships with government and non-government agencies, and academia to achieve our vision.

### Priorities, Strategies, Action Plan & Success Measures

The strategies, action items, and success measures underpinning each objective/priority area are outlined in the following section (refer to Appendix A for this information presented in a table format).

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**OFFICIAL****1. Advance Our People****Advance our workforce towards applying a victim-centric, trauma-informed approach when responding to sexual violence.**

Advancing the Service's workforce towards applying a victim-centric, trauma-informed approach<sup>19</sup> when responding to sexual violence represents a key priority and aligns with the QPS' *Prevention Together Strategic Framework 2021-2024*, as well as national and international best-practice. The Queensland Government Sexual Violence Prevention Framework identified the need for the broader justice system, including police, to improve responses to victims.<sup>20</sup> This starts with the first point of contact with a victim through to the investigation and prosecution processes. A key opportunity exists for the QPS to enhance the training of members when interacting with victims, conducting sexual violence related investigations and responding to vulnerable victims. This also includes addressing any perceived beliefs about prospects for successful prosecution for sexual violence offences.<sup>21</sup> Advancing the Service towards a victim-centric, trauma-informed response to sexual violence will enhance our response to victims, break down barriers to reporting,<sup>22</sup> and address concerns regarding withdrawn and unfounded complaints.<sup>23</sup> This strategic priority will be achieved through the following strategies.

**We Aim To**

- 1.1. Drive cultural change regarding sexual violence responses through leadership and victim-centric, trauma informed practices.
- 1.2. Develop, implement and evaluate specialist sexual violence training that is consistent with best-practice and evidence informed.
- 1.3. Continually review and benchmark sexual violence training needs of QPS members to remain current with evidence-informed responses and State/National frameworks.
- 1.4. Promote strategies consistent with the QPS Our People Matter Strategy to support the wellbeing of our members responding to sexual violence.

**What Success Looks Like**

- ✓ An increase in frontline QPS members completing victim-centric, trauma-informed training.
- ✓ An increase in frontline QPS members applying a victim-centric, trauma-informed approach in responding to sexual violence.
- ✓ An increase in investigative skills for responding to sexual violence.

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- ✓ QPS members responding to sexual violence are supported.

**Action Plan**

The following section details actions the QPS has already progressed, as well the next steps to be taken in order to realise this strategic priority. The following action items align to the strategies detailed in this section.

***In progress***

- ✓ Continue to drive cultural change through the QPS Sexual Violence Working Group.
- ✓ Drive change through the QPS and ODPP Failed Sexual Offence Prosecutions Steering Committee and Working Groups.
- ✓ Continue delivering ISACURE training to investigators across the State.

***Next Steps***

- ☐ Develop internal communication products and resources to increase awareness of QPS members in relation to our response to sexual violence.
- ☐ Support District Officers to drive cultural change within their areas.
- ☐ Deliver mandatory trauma-informed, victim-centric training to all frontline QPS members.
- ☐ Evaluate mandatory trauma-informed, victim-centric training at each phase (2021-2022), to inform enhancements as required.
- ☐ Engage with the Safety & Wellbeing Group (OCC) to promote wellbeing initiatives for QPS members responding to sexual violence.

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**OFFICIAL****2. Enhance Our Response****Enhance our capability to prevent, disrupt, respond to and investigate sexual violence in Queensland.**

Delivering consistent professional responses to sexual violence across the State will be achieved by designating the Detective Superintendent, CASCg as the Service's capability owner for sexual violence. This capability will enable central coordination of the Service's professional and evidence-informed response to sexual violence; support QPS members to build and apply their responses to sexual violence; promote victim-centric trauma-informed practice; and expand innovative QPS-led victim support models. The QPS is committed to enhancing its data capture of sexual violence offences to build its evidence base, inform insight and foresight of sexual violence issues, and produce evidence-based and intelligence-based responses to sexual violence. Enhancing our capability to prevent, disrupt, respond to and investigate sexual violence will be realised through the following strategies.

**We Aim To**

- 2.1 Designate the CASCg as the organisation's capability owner for specialist sexual violence advice, training, intelligence and investigations.
- 2.2 Expand the Sexual Violence Liaison Officer (SVLO) capability or other innovative victim support models across QPS regions.
- 2.3 Provide leadership and support to areas undergoing thematic Sexual Violence Commissioner Performance Reviews, and future Business Unit Reviews.
- 2.4 Develop and continually review organisational capabilities and processes to enhance service delivery and support QPS members responding to sexual violence.
- 2.5 Establish consistent and high quality data recording practices for sexual violence occurrences to support decision making and evaluate service delivery.
- 2.6 Utilise research and intelligence to inform prevention, disruption, response and investigation by QPS.

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**OFFICIAL****What Success Looks Like**

- ✓ Designation of CASCg as the QPS capability owner for specialist sexual violence advice, training, intelligence and investigations.
- ✓ An improvement in understanding of, and ability to effectively respond to, sexual violence.
- ✓ The expansion of the SVLO or other innovative victim support model across QPS regions.
- ✓ QPS members have access to current data to inform decision making and investigative responses.
- ✓ Commissioners Performance Reviews and Business Unit Reviews drive continuous improvement across the Service.

**Action Plan**

The following section details the actions that the QPS has already progressed, as well the next steps to be taken in order to realise this strategic priority. The following action items align to the strategies detailed in this section.

***In progress***

- ✓ Designate CASCg as capability owner for the organisation's sexual violence response.
- ✓ Establish a SVLO implementation plan across QPS regions.

***Next Steps***

- CASCg to engage with and support Regions participating in thematic Sexual Violence Commissioner Performance Reviews, and future Business Unit Reviews.
- Develop a dashboard to assist Districts in monitoring sexual violence reports and outcomes.
- Review data relating to sexual violence offences to gauge progress of the Strategy.
- Review data capture of sexual violence offences, including finalisations; internet-facilitated offences; and national data recording consistencies.
- Develop evaluation framework for the Sexual Violence Response Strategy 2021-2023.
- Evaluate the Sexual Violence Response Strategy 2021-23.
- Develop the next Sexual Violence Response Strategy.
- Engage with Commissioner's Performance Review Unit to develop thematic reviews on sexual violence.

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**OFFICIAL****3. Empower Our Community**

**Empower the Queensland community and reduce community harm through proactive engagement and education, and promoting access to victim support services.**

The Queensland Framework highlights the important role the community assumes in preventing sexual violence, particularly in changing attitudes that enable the behaviour.<sup>24</sup> This includes perceptions of gender equality, tolerance of aggression and violence, and treating sex and sexual violence as taboo and secret.<sup>25</sup> Empowering the community represents a key opportunity for the QPS, in partnership with key stakeholders, to develop and implement prevention strategies tailored towards keeping communities safe, and reducing harm and victimisation; awareness of our role in responding to sexual violence; and options for reporting offences.<sup>26</sup> This strategic priority will be realised through the following strategies.

**We Aim To**

- 3.1 Increase community awareness of the QPS role as part of an integrated system response to sexual violence.
- 3.2 Support tailored strategic and evidence-informed prevention activities for diverse population groups in collaboration with government and non-government agency partners.
- 3.3 Increase awareness of identified and anonymous reporting avenues, and alternative justice options.

**What Success Looks Like**

- ✓ An increase in reporting of sexual violence in Queensland through identified and anonymous avenues.
- ✓ An increase in victim satisfaction with the QPS.
- ✓ A reduction in revictimisation, particularly those at higher risk of experiencing sexual violence, including First Nations people, people with disability, LBGTIQ+ communities, CALD communities, sex workers, and people in custody.
- ✓ An increase in community engagement and education activities.

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**OFFICIAL****Action Plan**

The following section details the actions that the QPS has already progressed, as well the next steps to be taken in order to realise this strategic priority. The following action items align to the strategies detailed in this section.

***In progress***

- ✓ Implement the sexual violence prevention communication strategy (see appendix C).
- ✓ Engage with stakeholders to provide information about reporting options, sexual violence prevention and personal safety.

***Next Steps***

- ☐ Enhance profile during Sexual Violence Awareness Month (October) in collaboration with partner agencies.
- ☐ Community engagement with the CALD community, vulnerable persons (including people with disabilities, mental health and the elderly) and sex workers.

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**OFFICIAL****4. Maximise Our Relationships**

**Maximise partnerships with government and non-government agencies, and academia to achieve our vision.**

Responding to sexual violence requires a holistic approach involving multi-agency collaboration.<sup>27</sup> The effective response to sexual violence involves leveraging the expertise of a range of government and non-government agencies in relation to community prevention, providing support to victims, investigating reported offences and prosecuting offenders.<sup>28</sup> Research evidence indicates an integrated system response facilitates shared knowledge and communication of a victim's context and needs.<sup>29</sup> To assist the QPS in carrying out its role within an integrated response (i.e. supporting victims and holding perpetrators to account), the QPS will maximise relationships with relevant stakeholders by undertaking the following strategies:

**We Aim To**

- 4.1 Maintain our relationships with:
- government and non-government agencies to discuss and address issues regarding responses to sexual violence.
  - internal, State, and national working groups to remain current with sexual violence responses and emerging issues
  - universities and other research institutions to drive innovative research and development of evidence-based responses
  - national and international law enforcement partners to enhance cross-jurisdictional response capabilities.
- 4.2 Enhance collaboration and integration with partner agencies to provide specialist support to victims and offender, including through police referrals.

**What Success Looks Like**

- ✓ A more holistic response to sexual violence.
- ✓ Promotion and implementation of multi-agency models across QPS regions as a result of effective relationships (e.g. Sexual Assault Response Team).
- ✓ An improvement in responses to victims through the investigation and prosecution processes as a result of maximising partnerships with the Office of the Director of Public Prosecutions.

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**OFFICIAL****Action Plan**

The following section details the actions that the QPS has already progressed, as well the next steps to be taken in order to realise this strategic priority. The following action items align to the strategies detailed in this section.

***In progress***

- ✓ Maintain stakeholder engagement through State and national Working Group meetings.
- ✓ Engage with academia to conduct research to better understand sexual violence, inform development of models, and evaluate projects.
- ✓ Continue engagement with ANZPAA in relation to national sexual violence responses and other vulnerable person action plans.

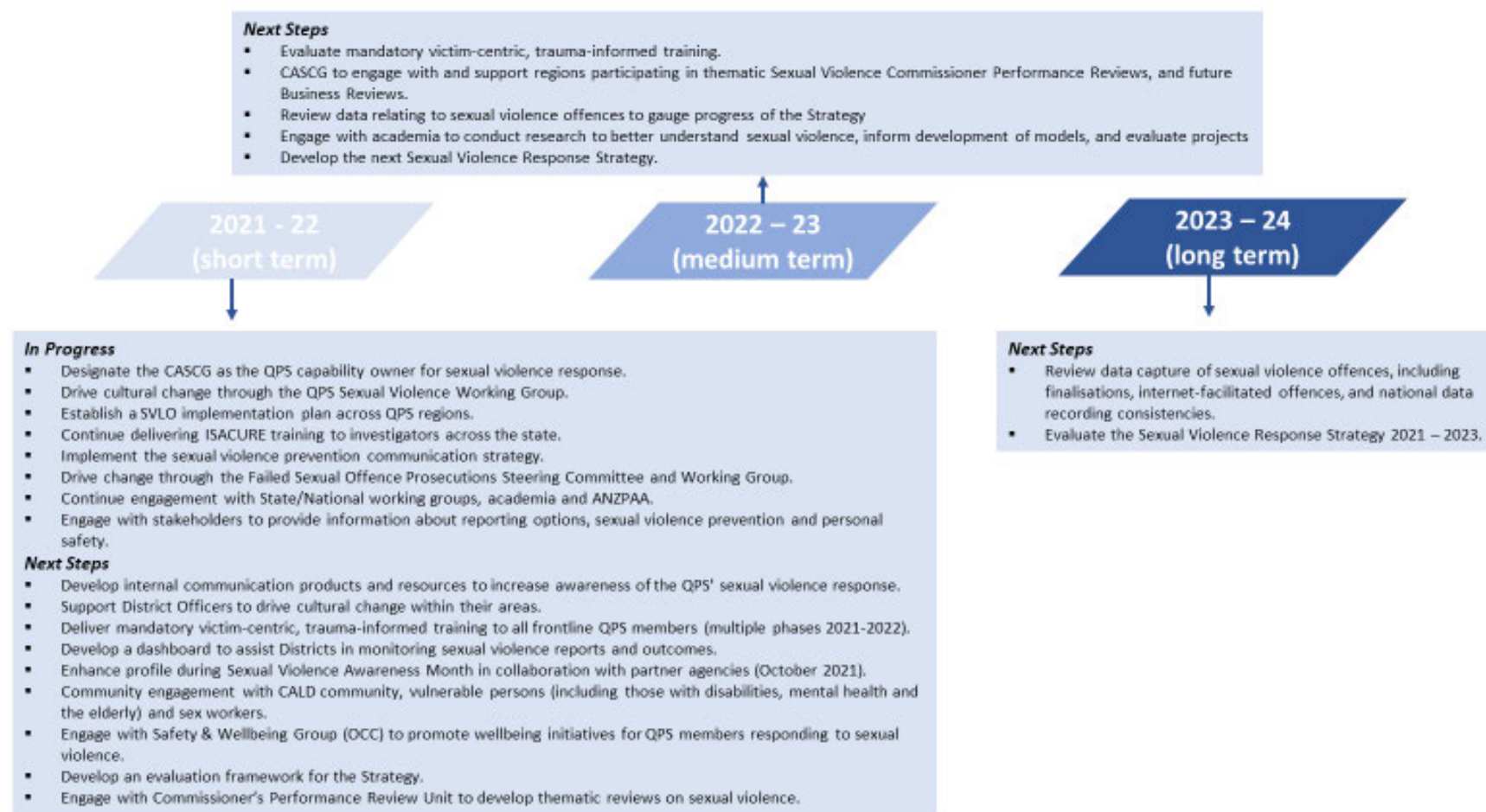
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## TIMELINE

The successful delivery of the *QPS Sexual Violence Response Strategy 2021-2023* will involve a phased approach. The following timeline presents short, medium and long-term action items that will be implemented across the four strategic priorities.



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## **CONCLUSION**

The importance of responding effectively to sexual violence within our community cannot be overstated. The lasting impact, trauma and devastation of this crime is well-established – for victims, their families and communities. The *QPS Sexual Violence Response Strategic Plan 2021-2023* will enhance the organisation's collective capacity to prevent, disrupt, respond to, and investigate sexual violence. The four strategic priorities/objectives and their relevant strategies in this document establish a coordinated framework for the QPS to advance improvements in the way it responds to victims of sexual violence. Importantly, the QPS cannot address sexual violence in isolation; other government and non-government agencies, and the community share this responsibility. This document also serves as a platform for working in collaboration to address this complex crime and protect the Queensland community.

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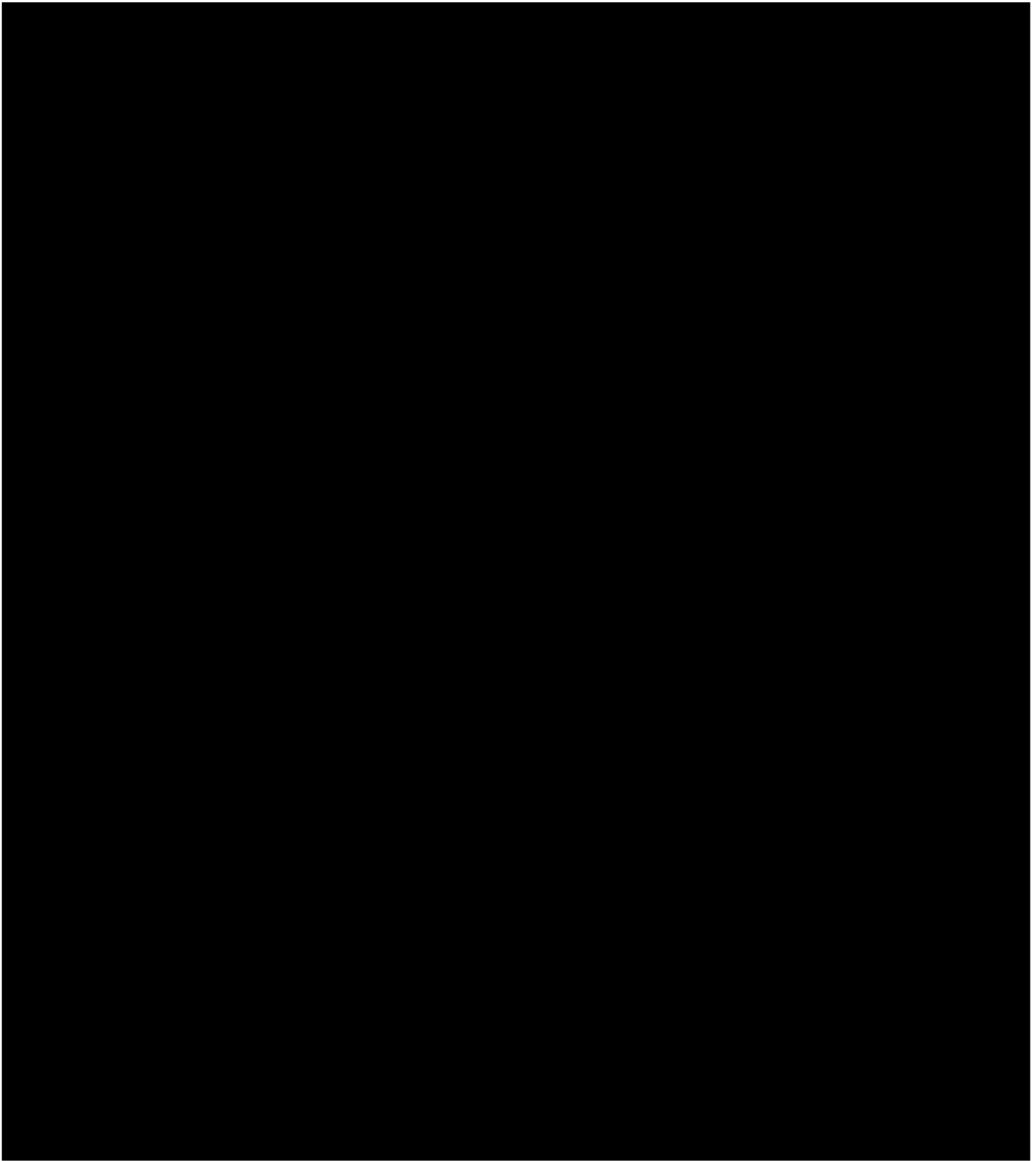
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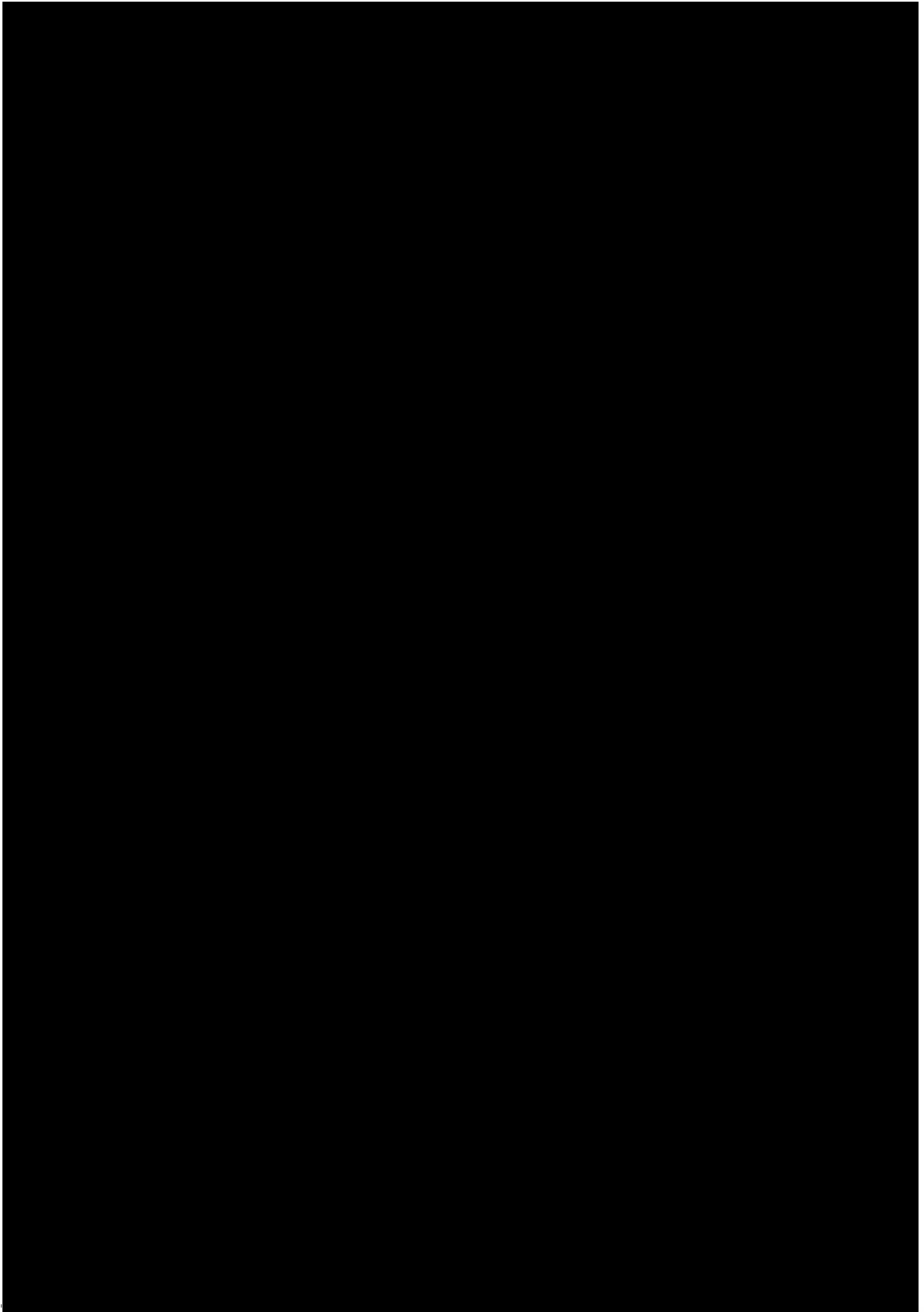
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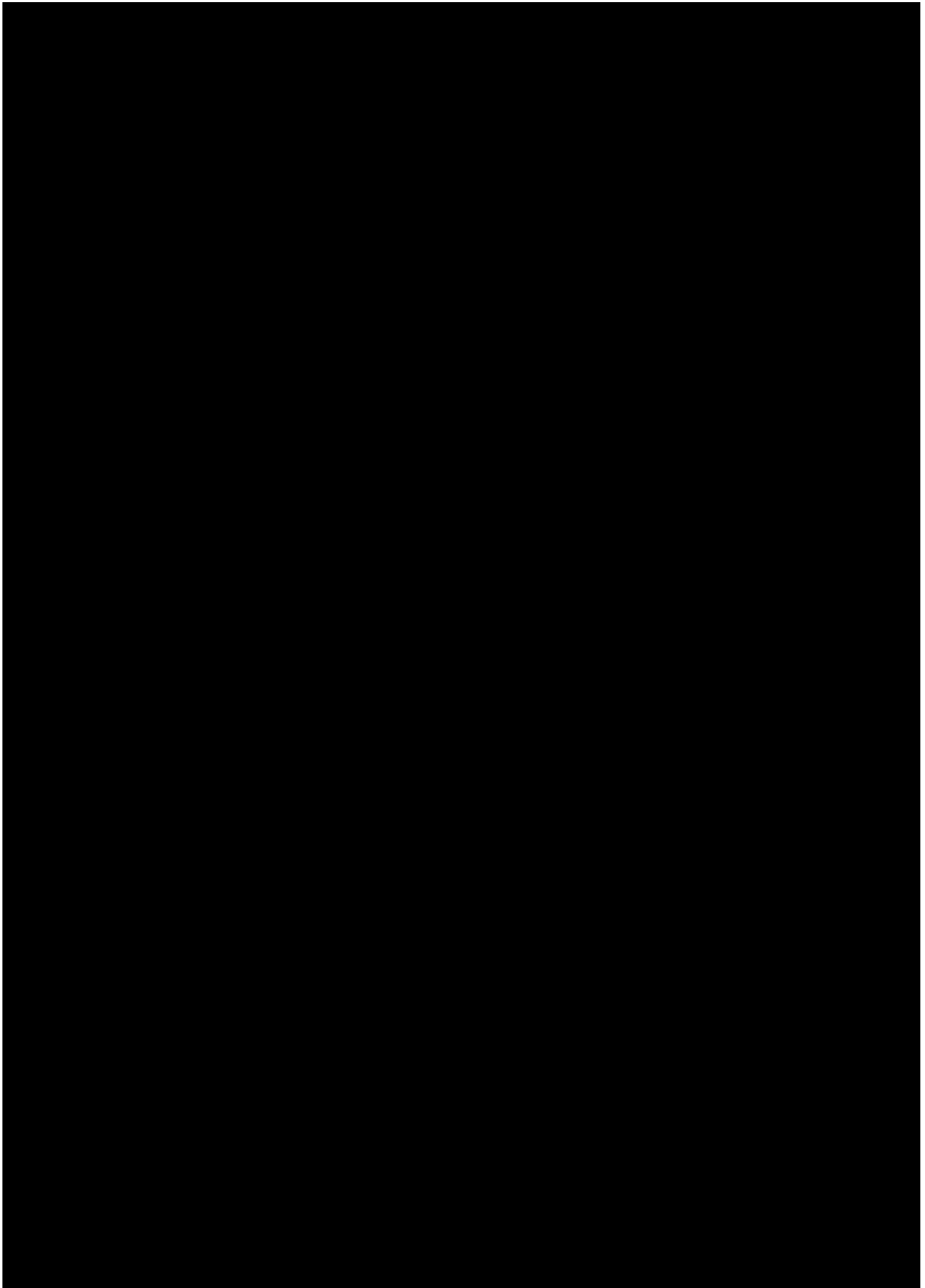
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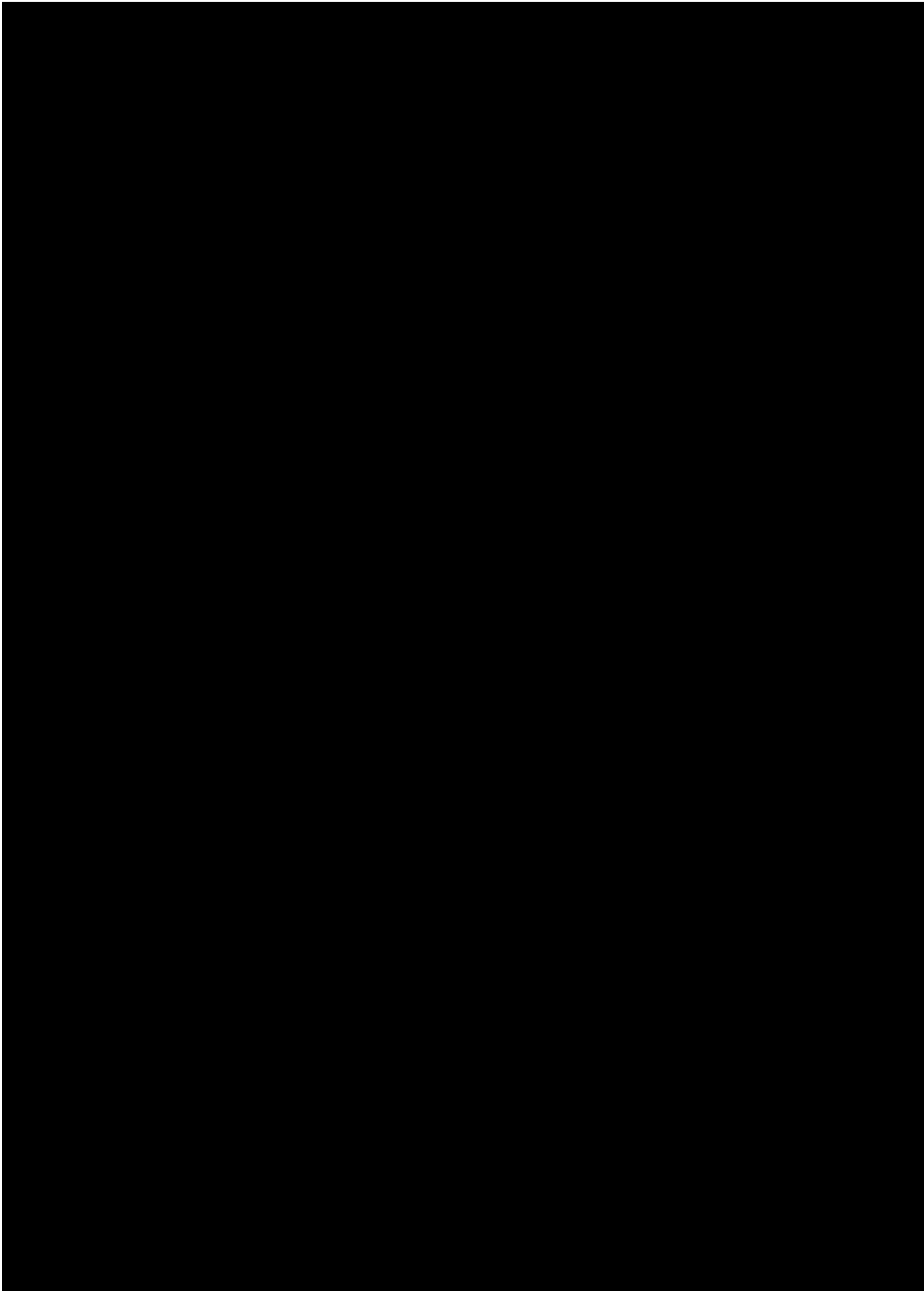
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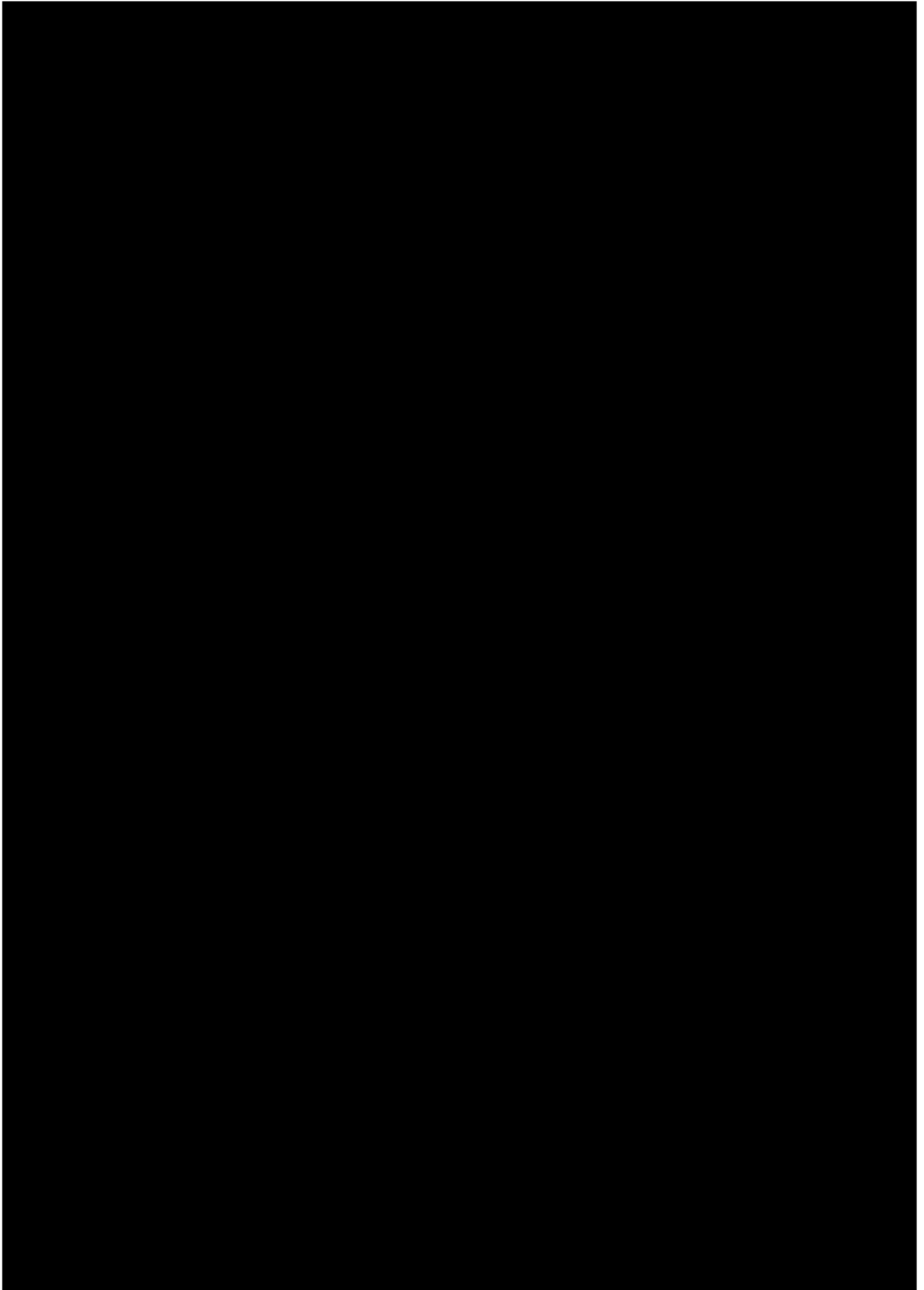


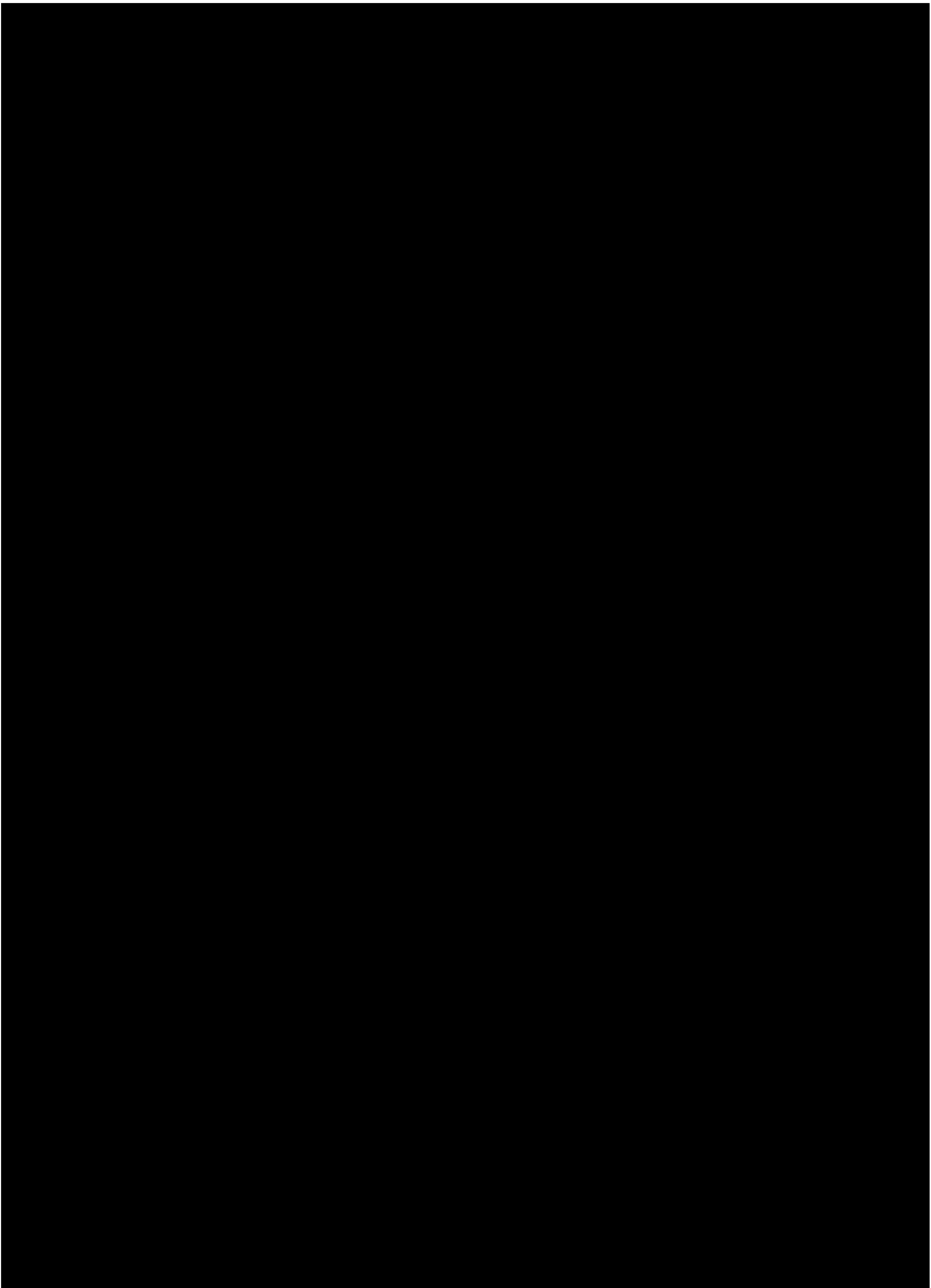


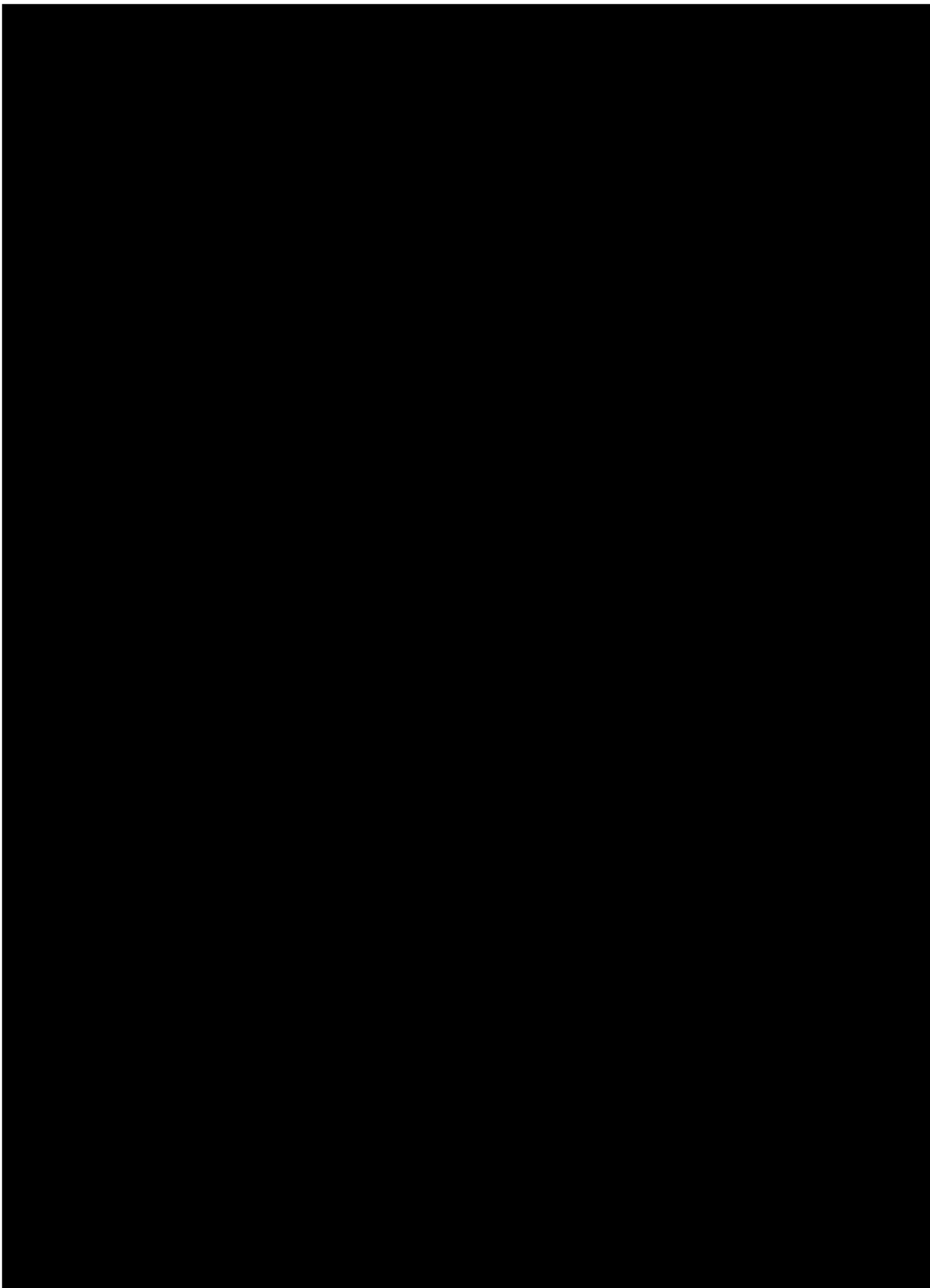




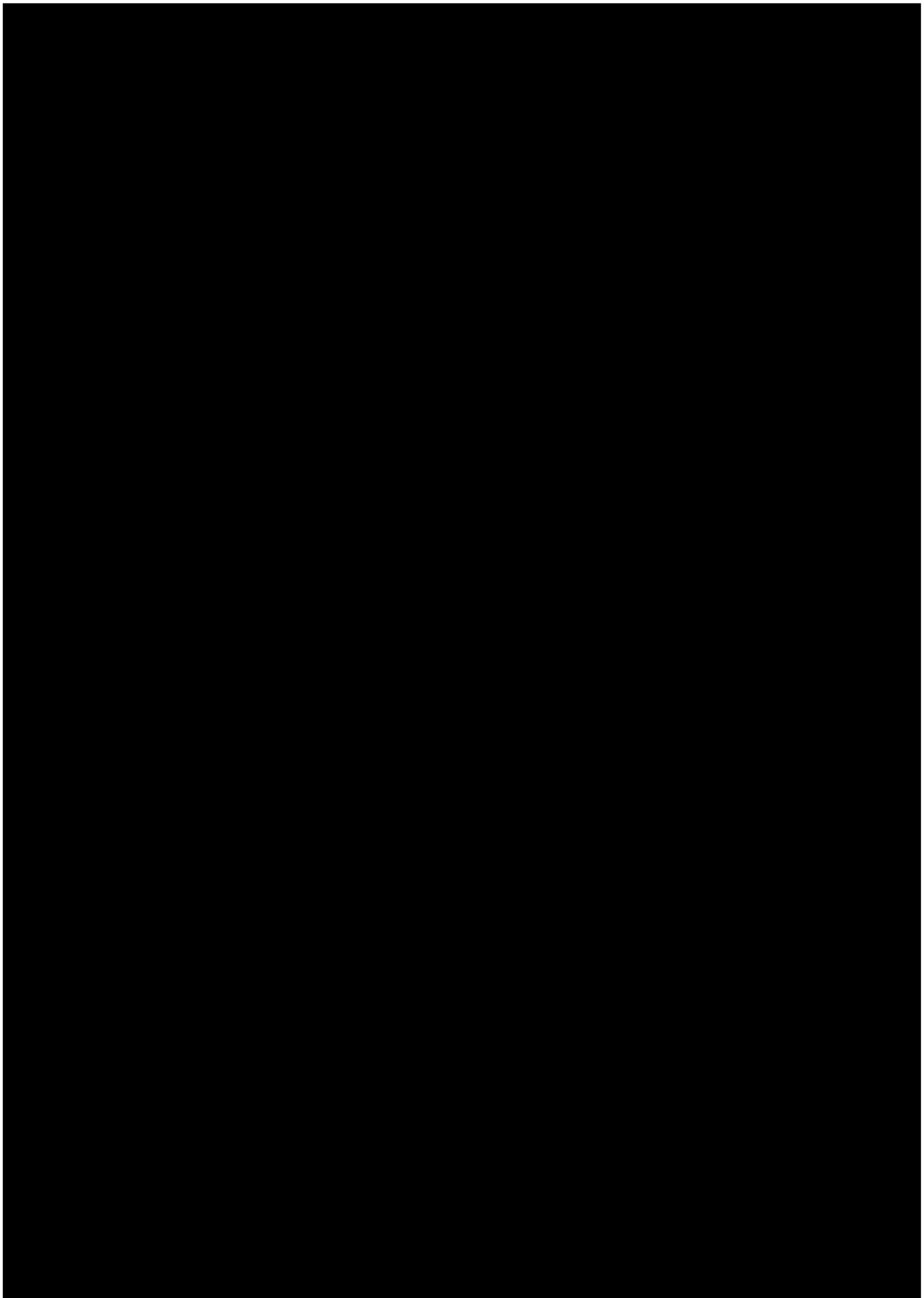


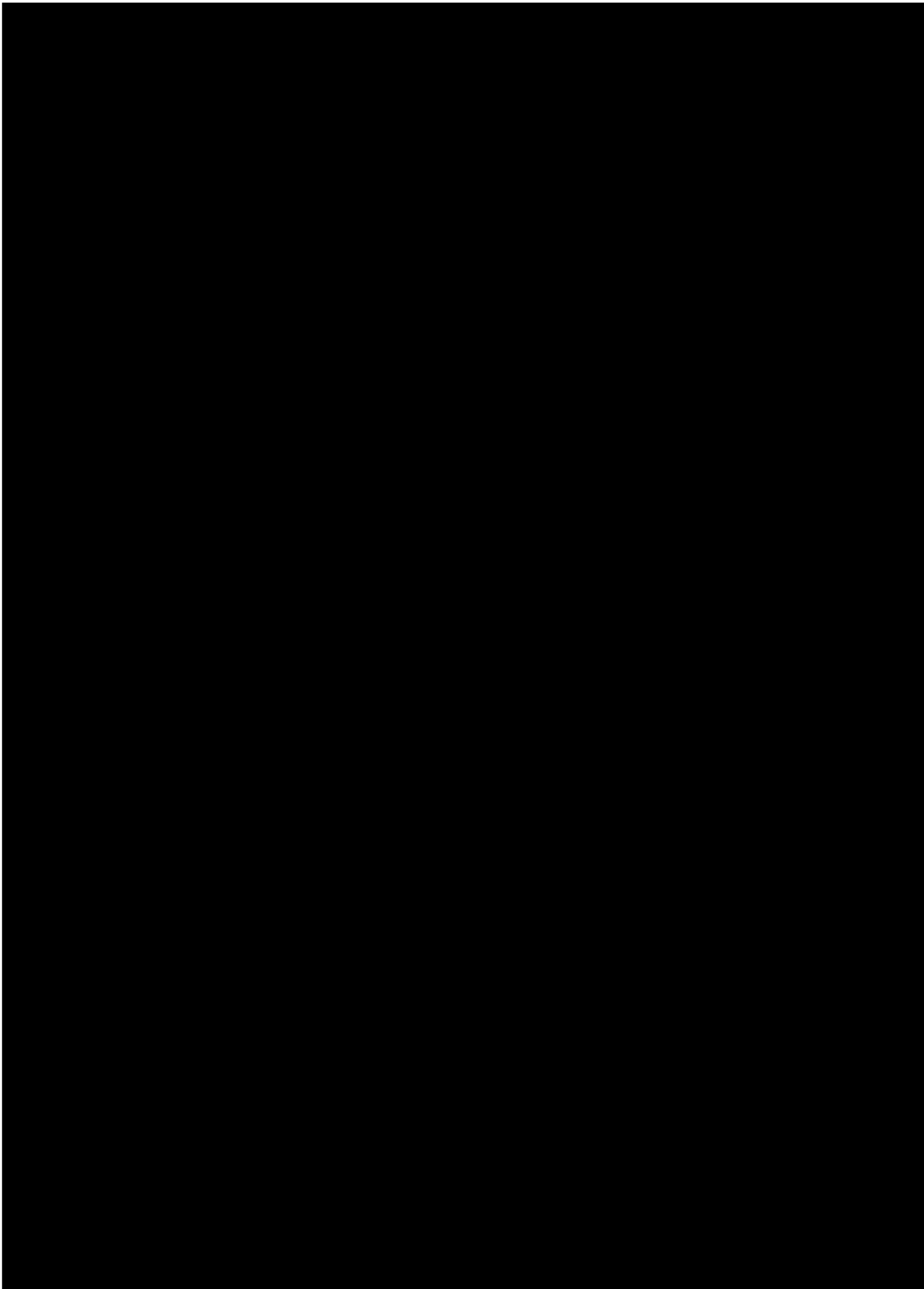


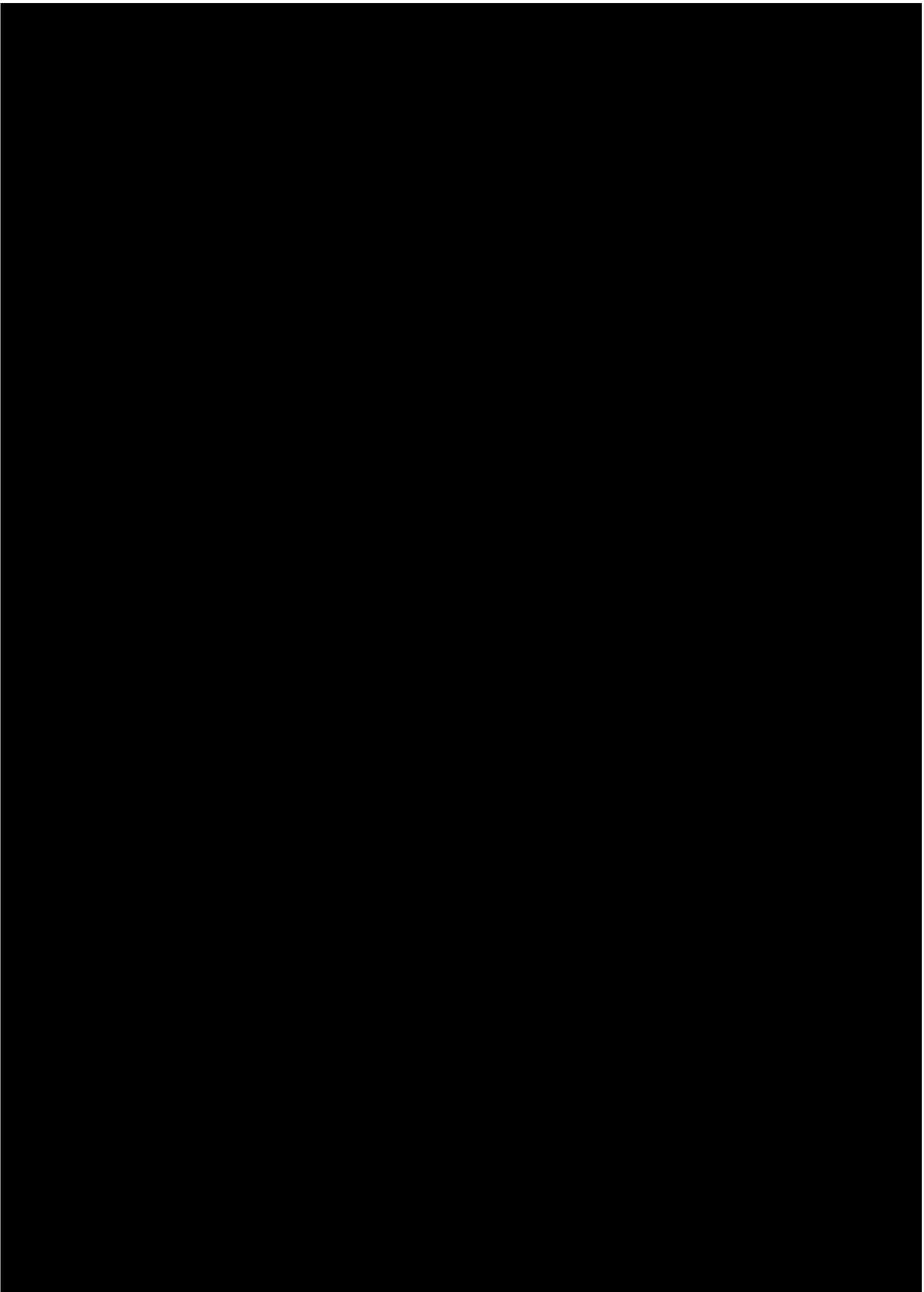


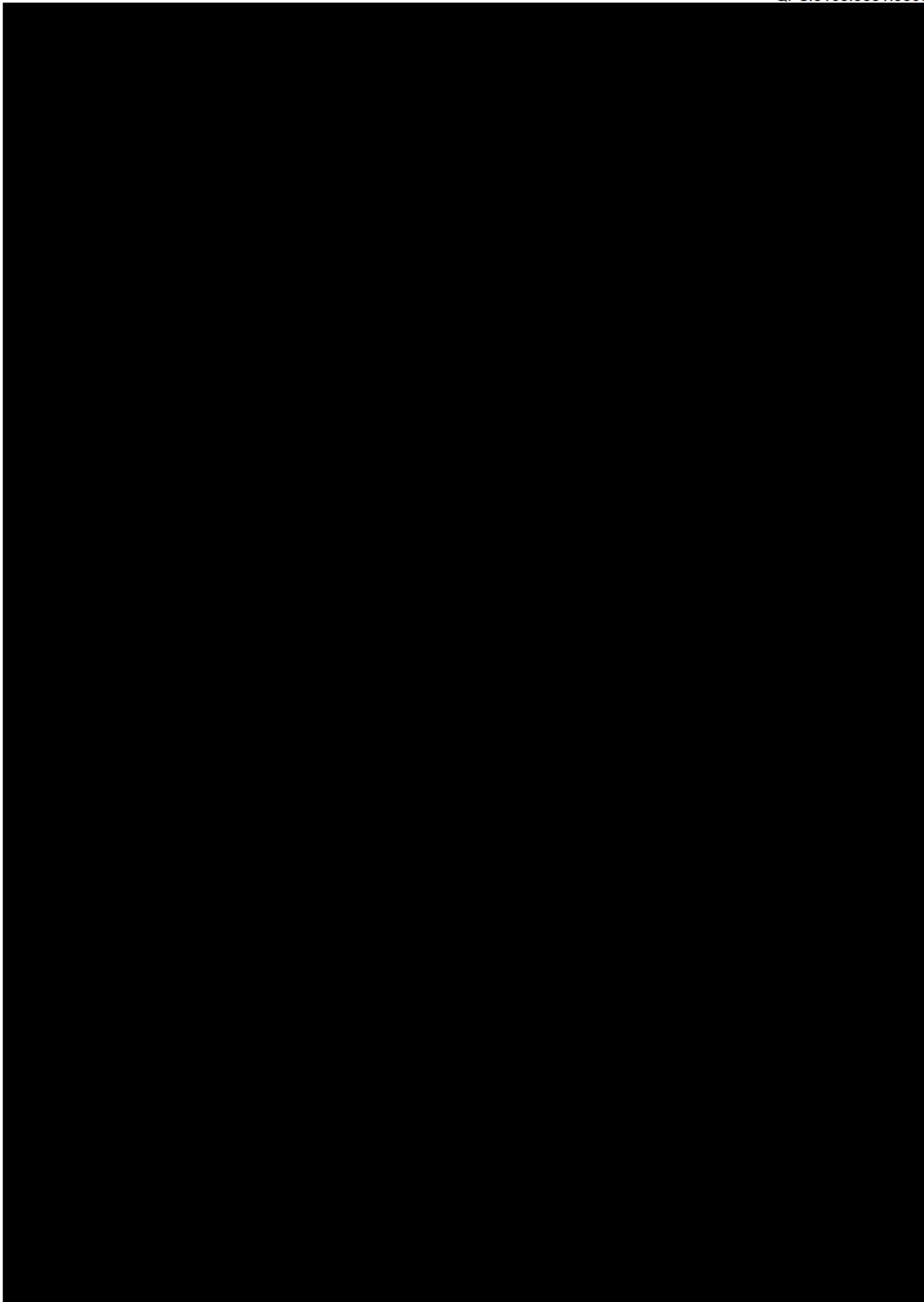


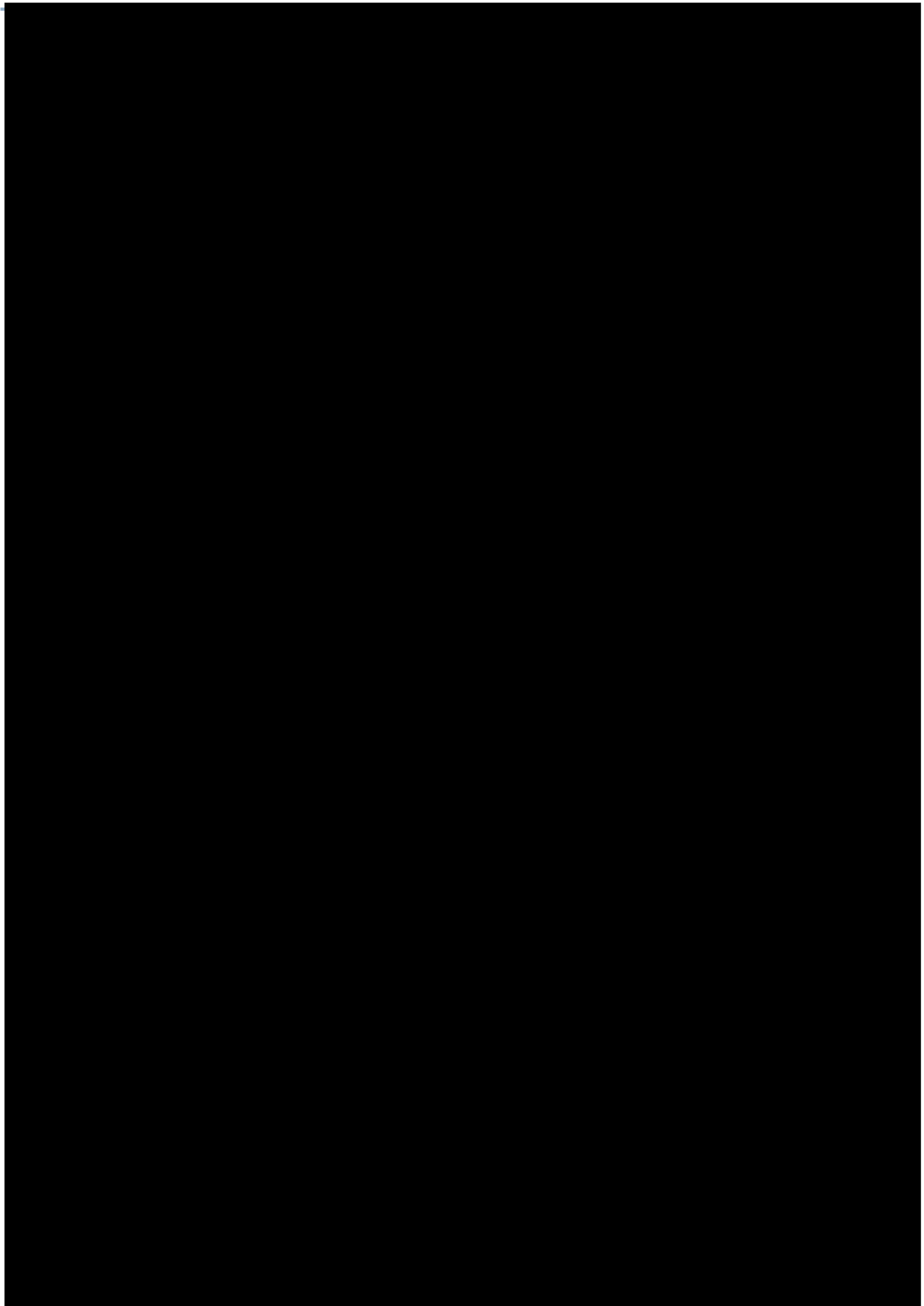




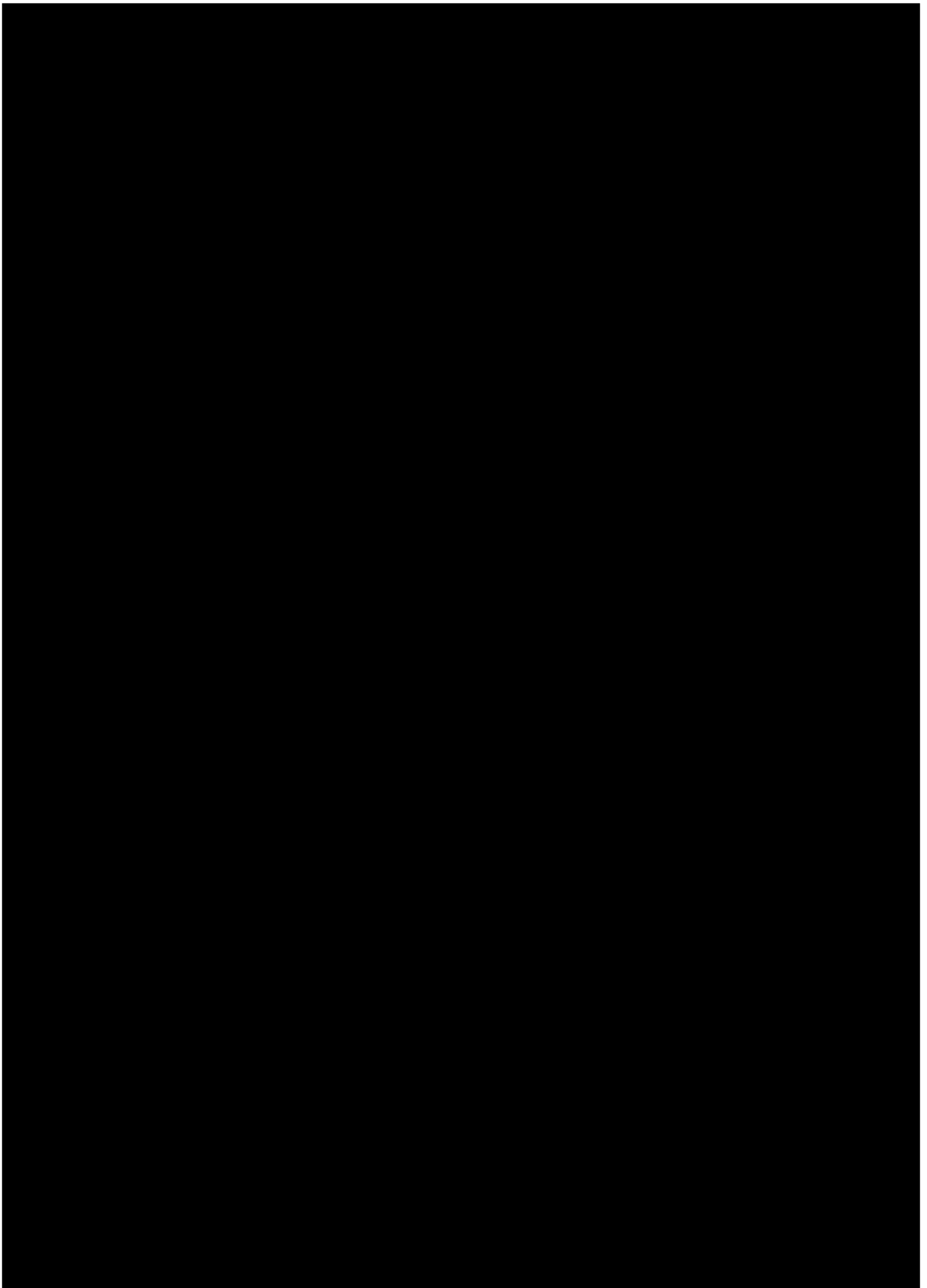


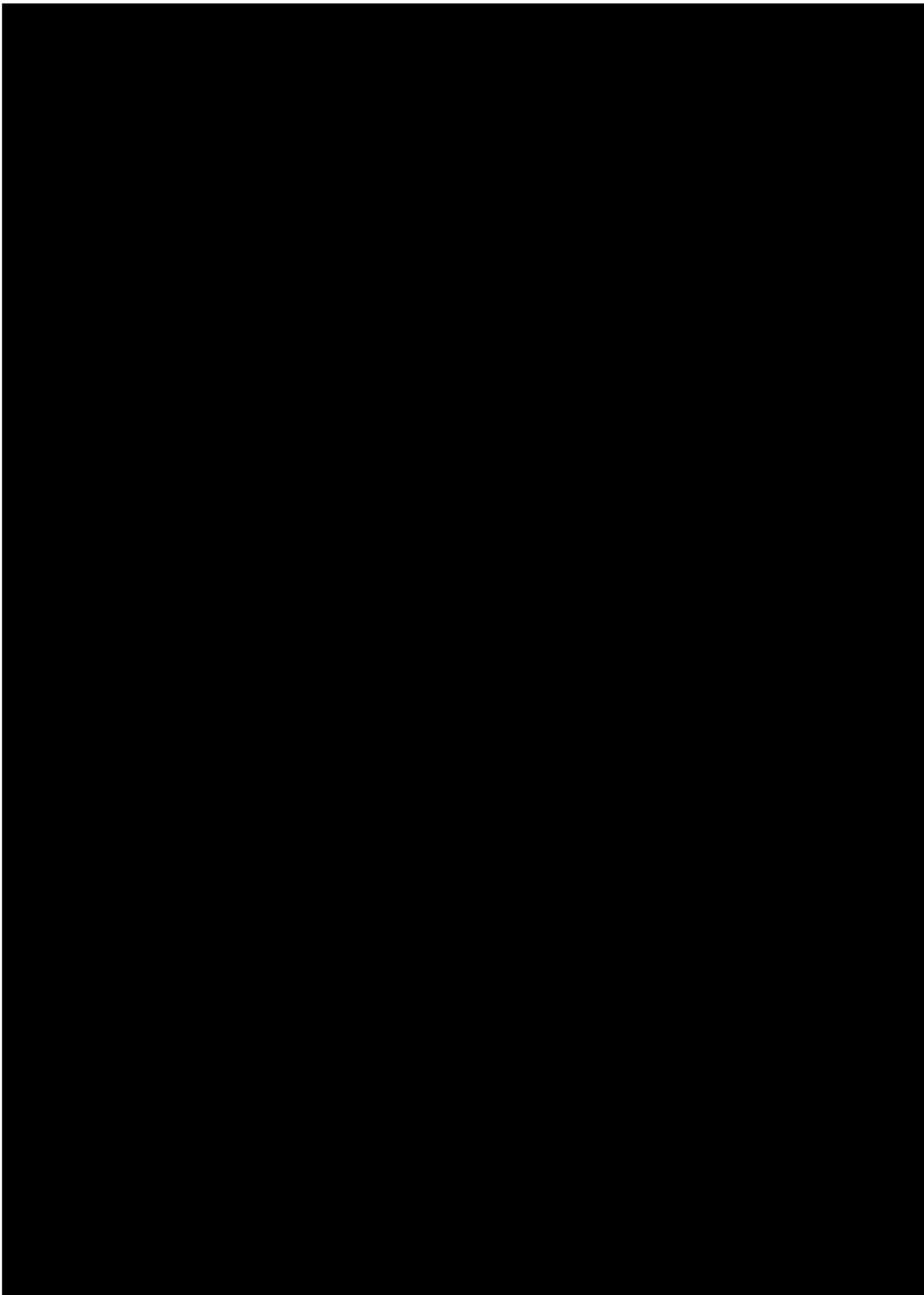


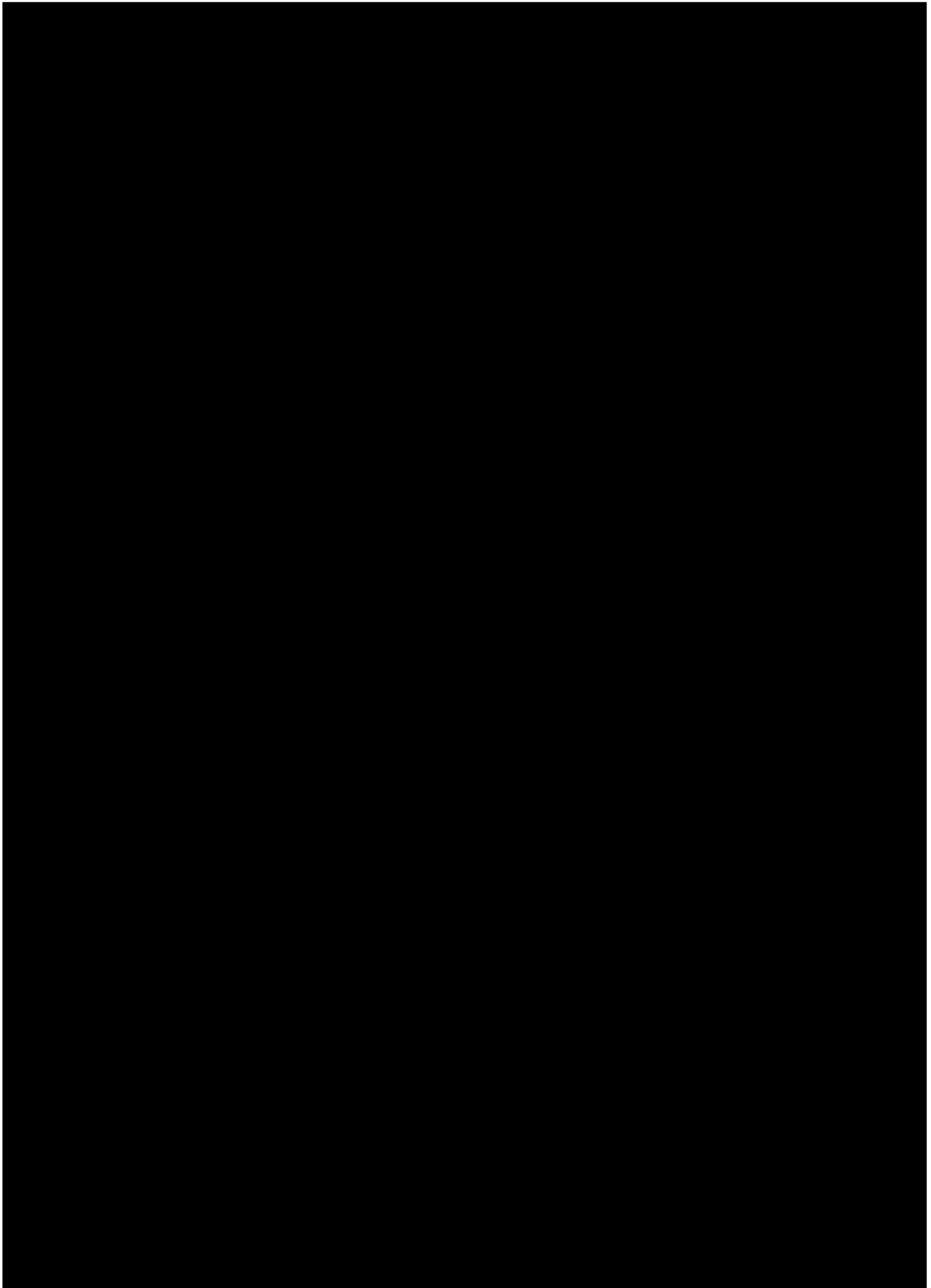


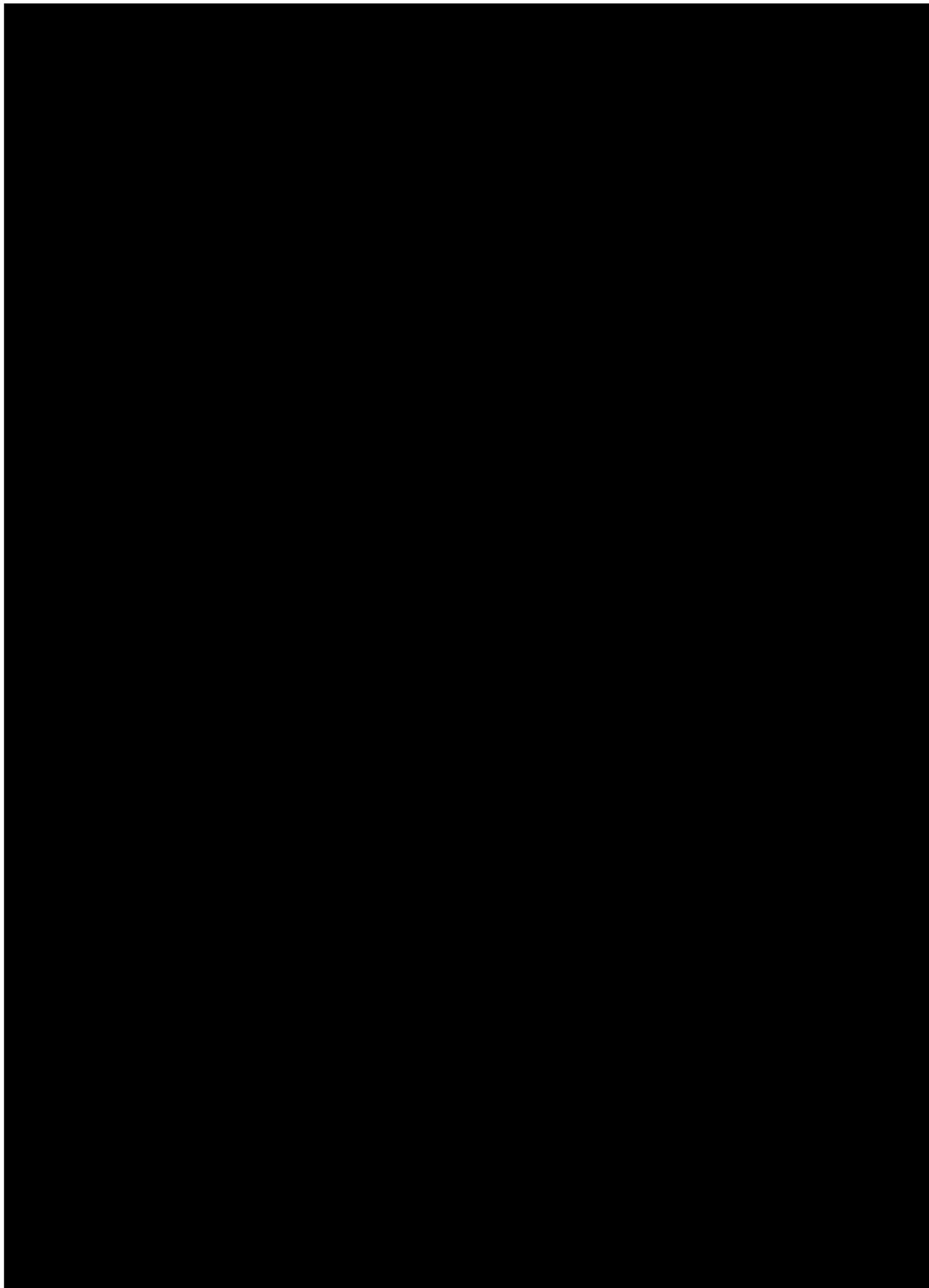


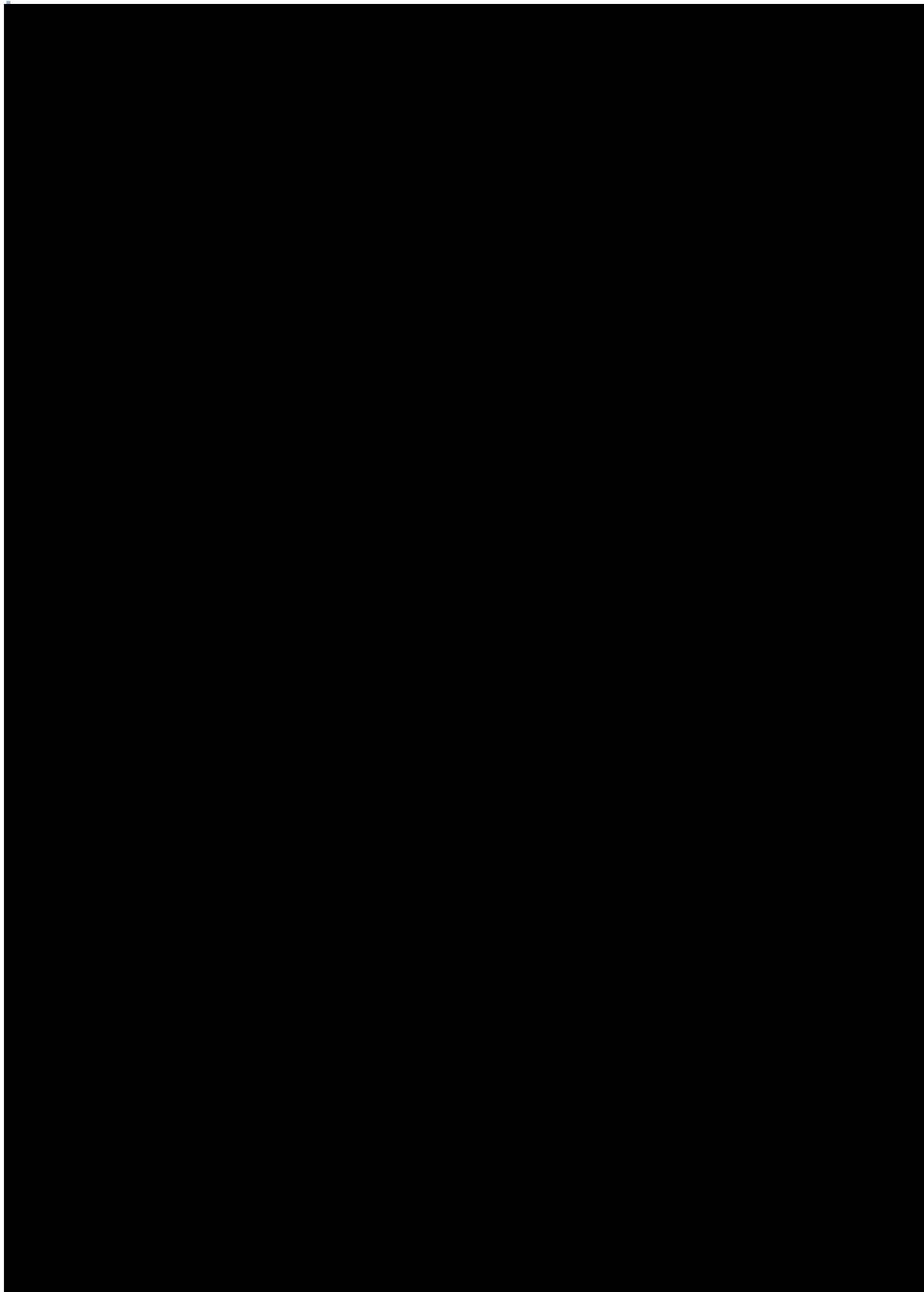














## EXHIBIT 5

**From:** [Briese.DavidB\[CIC\]](#)  
**To:** [White.MarkG\[CIC\]](#); [Detective Inspectors ALL](#); [CRIME COORD ALL OPS](#); [D/O Capricornia](#); [D/O Far North Assistant](#); [D/O Sunshine Coast](#); [D/O Gold Coast](#); [D/O South Brisbane](#); [D/O Ipswich](#); [D/O Logan](#); [D/O North Brisbane](#); [D/O Mackay](#); [D/O Moreton](#); [D/O South West](#); [D/O Far North](#); [D/O Darling Downs](#); [D/O Wide Bay Burnett](#); [D/O Mt Isa](#); [D/O Townsville](#)  
**Cc:** [Blanchfield.StephenJ\[SR\]](#); [Clark.DenzilO\[HQ\]](#); [Jones.DebbieM\[CIC\]](#); [Allen.Bridgette\[CIC\]](#)  
**Subject:** Issues experienced with Sexual Assault Forensic Procedures  
**Date:** Friday, 8 October 2021 09:34:00  
**Attachments:** [image002.jpg](#)

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Good morning colleagues,

The Child Abuse and Sexual Crime Group (CASCG) continues ongoing discussions with the Department of Health regarding the provision of forensic examinations of sexual assault victims by Hospital and Health Services. As recently as this week, Det Supt Mark White, Debbie Jones and Bridgette Allen from the Policy and Programs Unit and I met with the Senior Forensic Physician and Director at Queensland Health Dr Adam Griffen and Forensic and Scientific Services Assistant Director of Nursing Jacqui Thomsen.

All matters of concern provided by your areas have been provided to the Department of Health and they have stated they will provide advice back as to why those issues occurred, and are committed to getting this process right.

While I believe that as a result of this continued communication we will see improvement, I also am under no illusion that we will continue to see problems in respect to refusals to conduct sexual assault examinations on both adult and child victims and/or directions to transport our victims to other hospitals.

CASCG is committed to assisting Qld Health get this process right – to ensure that our victims are treated in a timely and dignified manner, and to assist our investigators to obtain the evidence required. In this respect, I ask that you continue to provide any instances that we can provide formal representation of to our colleagues at Qld Health.

Furthermore, could you please ensure your investigators are aware that Forensic Physicians (GMO's) are on call 24/7 for the entire state and Qld Health have assured us that these Doctors will do everything to assist you on ground when you run into a difficult situation. They will provide information and advice to the medical staff you are dealing with and attempt to ensure they conduct the examinations as required. This also has the added bonus of it being recorded and accountable to Qld Health in real time. Should an investigator wish to make contact with the on-call forensic physician they only need to make contact with Police Communications who will then provide access to the on-call number.

Should you have any further queries or concerns, please do hesitate to contact me.

Thanks,

David

**David Briese**

**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**



EXHIBIT 6

[LD]

**From:** Brieze.DavidB[CIC]  
**Sent:** Wednesday, 27 October 2021 11:52  
**To:** Adam [REDACTED]  
**Subject:** DNA reference samples

Hi Adam,

I was hoping to catch up with you today at morning tea but I got inundated with questions from some of the SANE's 😊 ...

Would like to discuss the issue of your medical staff taking DNA reference samples when doing SAIK's when possible please. I understand this has been raised before by Brice McNab with yourself and your predecessor John Dougherty and there has been some issues raised.

We are keen to get this process imbedded for a number of reasons, the main one being this incorporates the victim-centric approach we are trying to take (both of our departments). At present, as well as having to undertake the highly intrusive (but necessary) sexual assault examination, we are then required at a later time to re-attend with the victim to get them to conduct another intrusive (and necessary) procedure that no doubt brings back memories of the SAIK which I believe obtaining the reference sample at the same time as the SAIK would avoid.

Also, while I am new to this position, I understand from talking to my colleagues in the Forensic area, that this is a process that takes place in all other jurisdictions within Australia, except for Queensland currently.

Could you let me know your thoughts? I'm happy to work with you to get this up and running and will advance through my senior management once we have discussed.

Dave

**David Brieze**  
**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**



EXHIBIT 7

[LD]

**From:** Brieze.DavidB[CIC]  
**Sent:** Tuesday, 9 November 2021 09:39  
**To:** Frieberg.DaleJ[OSC]  
**Cc:** Jones.DebbieM[CIC]  
**Subject:** FW: DNA reference samples

Hi Dale.

Deb Jones and I met with Adam Griffen about QHealth issues in the sexual crimes space.

In respect to the DNA sample issue. Dr Griffen provided the following advice:

- That he believes there is an issue with cross contamination from saliva and semen in the victims mouth that would prevent a buccal swab from being taken at the time of the SAIK;
- That even though another persons saliva only takes 8-10hrs to disappear from a DNA sense inside a victims mouth, he does not want to have different processes for his staff of taking DNA depending on whether they may have mouth DNA contamination – he wants one process for uniformity;
- He stated that with the current process of police obtaining the sample a few days later, it means that there is zero chance of contamination by that stage and thus this is his preferred process;
- He is also concerned about the possible contamination of samples if placed into the same SAIK kit for analysis.
- While he provided his opinion, he nominated Cathie Allen, Chief DNA Scientist with QHealth as the expert in this matter.

As you and Bruce are aware, and as per the above, he appears reluctant to change the current process.

Dave

**David Brieze**  
**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**



**Sexual violence is never acceptable.**  
Information and support is available online.  
**Sexual Violence Awareness Month**  
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**From:** Brieze.DavidB[CIC]  
**Sent:** Wednesday, 27 October 2021 11:52  
**To:** [REDACTED]  
**Subject:** DNA reference samples

Hi Adam,

I was hoping to catch up with you today at morning tea but I got inundated with questions from some of the SANE's 😊...

Would like to discuss the issue of your medical staff taking DNA reference samples when doing SAIK's when possible please. I understand this has been raised before by Brice McNab with yourself and your predecessor John Dougherty and there has been some issues raised.

We are keen to get this process imbedded for a number of reasons, the main one being this incorporates the victim-centric approach we are trying to take (both of our departments). At present, as well as having to undertake the highly intrusive (but necessary) sexual assault examination, we are then required at a later time to re-attend with the victim to get them to conduct another intrusive (and necessary) procedure that no doubt brings back memories of the SAIK which I believe obtaining the reference sample at the same time as the SAIK would avoid.

Also, while I am new to this position, I understand from talking to my colleagues in the Forensic area, that this is a process that takes place in all other jurisdictions within Australia, except for Queensland currently.

Could you let me know your thoughts? I'm happy to work with you to get this up and running and will advance through my senior management once we have discussed.

Dave

**David Brieze**  
**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**



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[LD]

## EXHIBIT 8

**From:** Briese.DavidB[CIC]  
**Sent:** Monday, 22 November 2021 10:00  
**To:** White.MarkG[CIC]  
**Subject:** Queensland Health - obtaining of DNA samples during SAIK examinations

**Hey mate, as promised from meetings held last week.**

**GROUP** – Child Abuse and Sexual Crimes Group.

**DATE** – 22/11/2021.

**DESCRIPTION OF EVENT** – Inquiries with Queensland Health (QHealth) in respect to refusal to obtain DNA comparison samples during conducting of Sexual Assault Investigations Kits (SAIK's) by QHealth medical practitioners.

**CURRENT SITUATION / ACTIONS**

- On 9 November 2021, during monthly discussions with QHealth Chief Government Medical Officer Dr Adam Griffen, it was queried by Detective Inspector David Briese as to why the process of obtaining a SAIK examination does not include the obtaining of a DNA comparative sample (by way of a buckle/mouth swab) during the procedure. Also present at this meeting was Debbie Jones, AO8 of Policy and Programs Unit, QPS.
- At present, this QHealth refuse to obtain this and police must re-attend with the victim in the days following the SAIK test to obtain the sample.
- It was raised by Det Insp Briese that Queensland is the only jurisdiction in Australia that operates in this way (information obtained from Superintendent Dale Frieberg of Forensics Unit) and further that obtaining the sample at the same time as the SAIK examination appeared to be less intrusive of the victim and therefore more victim-centric and in line with the *'Prevent, Support, Believe. Queensland Framework to Address Sexual Violence'*.
- Dr Griffen provided several reasons as to his belief as to why it didn't occur in Queensland including:
  - That he believes there may be an issue with cross contamination from saliva and semen in the victims mouth that would prevent a buckle swab from being taken at the time of the SAIK;
  - That even though another person's saliva only takes 8-10hrs to disappear from a DNA sense inside a victims mouth, he does not want to have different processes for his staff of taking DNA depending on whether they may have mouth DNA contamination – he wants one process for uniformity;
  - He stated that with the current process of police obtaining the sample a few days later, it means that there is zero chance of contamination by that stage and thus this is his preferred process;
  - He is also concerned about the possible contamination of samples if placed into the same SAIK kit for analysis.
  - He does not believe that a re-attendance to the victim by police and obtaining of the buckle swab would increase or add to the trauma being experienced by a sexual assault victim.
- Det Insp Briese subsequently provided this information to the Forensics Unit, and on 18 November 2021 Det Insp Briese attended a meeting with Superintendent Dale Freiburg, Inspector David Neville and Acting Inspector Peter Bushel of Forensics Capability. At the request of Supt Freiburg, this meeting was also attended by Acting Assistant Commissioner David French and Assistant Commissioner Kath Innes.
- Forensics Capability officers outlined that they believed the issues raised by Griffen were baseless and further that they had discussions with Lara Keller, Acting Executive Director of Forensic and Scientific Services, QHealth, who is Dr Griffen's direct supervisor and who has informed Supt Frieberg that she



disagrees with Dr Griffen and intends on implementing a procedure where the DNA comparison sample is obtained by QHealth Medical Practitioners at the same time as the SAIK.

- However, in the meantime, Supt Frieberg has requested that a Ministerial Briefing Note be completed (by her staff) and provided via Act A/C French (and for information of A/C Innes) to Deputy Commissioner Linford for executive noting and assistance if required. This is currently being completed.
- A further meeting is to be held on 24 November 2021, as organized by Supt Frieberg with her staff (as provided above) and Act A/C French to inform and complete the MBN and of which Det Insp Briese has received an invite for.

#### **INTENDED ACTIONS**

- Detective Inspector Briese to attend meeting on 24 November 2021 and update afterwards.

#### **MEDIA ISSUES**

- Nil.

#### **OTHER MATTERS OF NOTE**

- Nil.

**David Briese**  
**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**



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## QUEENSLAND POLICE SERVICE

### SAIK Working Group

### MINUTES/AGENDA

**Meeting Date:** 07/12/2021

**Location:** Office of Superintendent, Forensic Services Group, Level 4, PHQ and Microsoft Teams

**Time:** 10:30am – 11:30am

**Chair:** Superintendent Dale Frieberg

**Attendees:**

Inspector David Neville, FSG (DN)

Acting Inspector Peter Bushell, FSG (PB)

Inspector David Brieze, CIC (DB)

Sergeant Carolyn Hoffman, FSG (CH)

Acting E/Director Lara Keller, QLD Health (LK)

Cathie Allen, QLD Health (CA)

Justin Howes, QLD Health (JH)

Jacqui Thomson, QLD Health (JT)

Kirsten Scott, QLD Health (KS)

**Apologies**

Senior Sergeant Nicole Townsend, FSG

Inspector Duncan McCarthy, FSG

Dr Adam Griffin, QLD Health

Sergeant Fabian Colless, CIC

	Item	Responsible	Action Items
1.0	<b>Welcome and Apologies</b>		
1.1	Opening and Welcome	Chair	
1.2	Apologies <ul style="list-style-type: none"> <li>Inspector Duncan McCarthy, FSG</li> <li>Senior Sergeant Nicole Townsend, FSG</li> <li>Dr Adam Griffin, QLD Health</li> </ul>	Chair	
2.0	<b>General Business</b>		
2.1	<b>Qld Government Interagency Guidelines</b> <i>Compliance with the 2014 Qld Government Interagency Guidelines</i>  <i>PB – Seeking compliance in line with Qld Government Interagency Guidelines</i> <i>DN – Discussion on obstacles to compliance and suggestions on how to overcome obstacles</i>	All	<i>LK - to follow up with Dr Adam Griffin on:</i> <ul style="list-style-type: none"> <li>date his committee met</li> <li>the status of the document</li> <li>is there a review required?</li> <li>Deadline for feedback</li> <li>any Action items from this meeting committee</li> </ul>
2.2	<b>Responsibility of collecting reference samples</b> <i>The reference sample to be taken on behalf of the victim by medical personnel during the Forensic Medical Examination (FME) so that the victim is only exposed to the one invasive procedure</i>  <i>All agreed that swabs are to be completed by a health professional</i> <i>JT – No issue with reference sample collection at the same time</i>	All	ALL - Educate, communicate this process to all involved



## QUEENSLAND POLICE SERVICE

### SAIK Working Group

2.3	<p><b>SAIK and Reference Sample procedures – explanation to victim.</b>  <i>The explanation of the SAIK and the reference sample to be conducted by support services/counsellors to alleviate two separate explanations of procedures</i></p> <p><i>DN – Discussion on barriers to sampling – if QH wanted to return to blood sampling in SAIKs QPS doesn't need to handle them anymore</i>  <i>CA – Buccal cell samples are preferred by QH to FTA. Blood has to be handled manually however there are only approx. 2.5% annually.</i></p>	All	JT - Training program to be updated for new process integration
2.4	<p><b>Packaging of the SAIK/reference sample</b>  <i>Packaging of the SAIK/reference sample would be best held with Health – similar to NSW where the reference sample is attached but separate to the kit – similar to an invoice on a package. Alleviates contamination as not in the one package and ensures both samples remain together.</i></p> <p><i>CA - Current external packaging does not support the decided combination of FTA and SAIK. Obstacle with storage at QH end where one is stored in freezer and the other sample stored at room temperature</i>  <i>DN - QPS will provide the budget for the 700 x FTA's and there should be no extra cost to QH above current processes.</i></p>	All	<p>CH – provide budget estimate for 700 x FTA production          CA and PB – To follow up as to what this looks like in NSW (dual kit) and bring back an example to the next meeting.          JH – Follow up provide information on who takes follow up second sample at the later time?</p>
2.5	<p><b>The management of the exhibit (SAIK/reference sample)</b>  <i>The management of the exhibit would be best discussed by Health and Insp Neville. Do QPS need to be involved? Can this go direct from the examination to analysis? Similar to the Just in Case Kits managed by Health. If QPS don't get involved, then this has the ability to expedite the analysis by days and days.</i></p> <p><i>CA – How does the kit/continuity get transported to QH?</i></p>	All	<p>ALL– Each unit to bring a current and proposed flow chart to next meeting of the procedure so that the committee can discuss and see where to make changes.          DN – Will provide QPS</p>
3.0	<b>Other Business</b>		



## QUEENSLAND POLICE SERVICE



### SAIK Working Group

3.1	CA – suggested a review of the Sex Kit and costings.	All	QPS – add to next working group meeting agenda
4.0	<b>Meeting Finalisation</b>		
4.1	Next Meeting – 15/12/2021 11am		
4.2	Close		

**Transcription SAIK Working Group at 11 am on 15.12.2021**

EXHIBIT 10

**Meeting Date:** 15/12/2021**Location:** Office of Superintendent, Forensic Services Group, Level 4, PHQ and Microsoft Teams**Time:** 11:00am – 12:00pm**Chair:** Superintendent Dale Frieberg**Invitees:**

Inspector David Neville, FSG (DN)

Acting Inspector Peter Bushell, FSG (PB)

Inspector David Briese, CIC (DB)

Sergeant Carolyn Hoffman, FSG (CH)

Paula Brisotto, QH (PBO)

Dr Adam Griffin, QLD Health (AG)

Senior Sergeant Nicole Townsend, FSG (NT)

Acting E/Director Lara Keller, QLD Health (LK)

Cathie Allen, QLD Health (CA)

Justin Howes, QLD Health (JH)

Jacqui Thomson, QLD Health (JT)

Kirsten Scott, QLD Health (KS)

Sergeant Fabian Colless, CIC (FC)

Supt Dale Frieberg APM (DF)

**Apologies**

Inspector Duncan McCarthy, FSG

**DF** – *I guess Dave can just join us when he is available, so thank you everyone, again for joining us to discuss further the SAIK kits and how we are going to look to do business moving forward. First of all, I know that there was probably a little bit of contention over the minutes from the last meeting so I have made the decision just to leave the comments as they are, as they came in, obviously different people have different recollections about what was said or not said, so I will go around the room and if anyone wants to make any comment about that then we'll certainly make note of it and if there is any clarification we need to go through then we'll do that but, I have just made the executive decision that in order to make sure the minutes are correct moving forward that we will record them electronically and we will provide you with a copy of those, or I can provide them to Lara to distribute.*

**LK** – *thank you***DF** – *So if everyone is happy with that***LK** – *thank you yeh*

**DF** – *So apologies from our end, from Duncan McCarthy and we've been able to have Nicole Townsend join us on this occasion, it was good that she could make it, she couldn't make the last*

**Transcription SAIK Working Group at 11 am on 15.12.2021**

*meeting. I think Sgt Fabian COLLESS, he's online, that's great. So I guess Lara, do you want us to go through each of those items for discussion from the last meeting or do we just want to have a general discussion about those?*

**LK** – *So I guess from our perspective, you know we did have some amendments to the minutes, but I do note that they were added on, so they kind of read as differing views on the same topic in some areas. I do note though that you had said that we would discuss at the next meeting and for each agency to put forward their position and I also note on the agenda for today that there is the opportunity to document that so, you know, I guess, moving forward, this is probably our preferred approach, to document each sides position and minute that.*

**DF** – *Ok. So we may as well just start with the first which is the 2.1. I don't think that there was anything really contentious in that agenda item from the last occasion, so, are we all in agreeance with that actually staying the same as it reads? (All agreed) Yep. Ok, 2.2 the responsibility for collecting reference samples so just a discussion I suppose on the completion, obviously something like this will be a work in progress and I know that there are some differing views about whose responsibility that is. I guess again from the last meeting the conversation around doing what's right I guess for the victim in the circumstances so we can alleviate some of the trauma for them moving forward. Does anyone want to make any comment about that? (Pause) Nope, ok. The SAIK and reference-*

**LK** – *Sorry, Adam has got his hand up*

**DF** – *Oh.*

**AG** – *Sorry about that. I was just trying to work out where the complaint came from?*

**DF** – *There's no complaint, it's been something that we've identified from the Queensland Police Service around the need for, in accordance with the guidelines, that are currently in place, just to make sure that we are victim centric and that we try and you know for their purposes, not have*

***Transcription SAIK Working Group at 11 am on 15.12.2021***

*Police, you know, 7 days later, knock on the door to take a reference sample. So, there wasn't any particular complaint, but I might let Peter talk.*

**PB** – *No, there wasn't a complaint Doctor. I think what realistically what we want to do is honour the guidelines from our perspective. In relation to taking the reference sample as part of the forensic medical examination and in that way we can condense two procedures into the one, and also it alleviates the fact that Police have to explain the process of the reference sample, and whilst QH staff explain the process of the SAIK so we can combine the two explanations together so to reduce the exposure for the victim.*

**AG** – *Ok. So, it's not a complaint and there has been no victim issues but this reference sampling which you do which is routine across the state and several hundred times a week is now a traumatic experience?*

**PB** – *Like I said Doctor, we just wanted to conform with respect to the guidelines, those guidelines were-*

**AG** – *So the guidelines are actually in error. I mean, it's not actually a requirement to be done and certainly there is no pathway so if we were to look at it from a global perspective the training and delivery of DNA reference sampling is standard Police procedure for anything including and beyond sexual assault. So this is an addition to a pathway that currently isn't in existence and in essence the backup of it seems to be that there is a concern that Police are traumatizing people. So I can't actually see it, we don't have a measurable there, we haven't got a viewpoint problem where it is an issue because otherwise you are still collecting a reference sampling across the board for various victims for various crimes then you are traumatizing them, I don't see that –*

**PB** – *I don't think we are necessarily traumatizing them, what we're doing is we're trying to reduce the fact that victims are not exposed to two actual processes that it would be a better way moving forward in conjunction with other states, now last week we were all in agreeance that that would rest with the forensic nurses or medical practitioners –*



**Transcription SAIK Working Group at 11 am on 15.12.2021**

**AG** – *Apologies, I wasn't at the meeting and I wasn't necessarily aware that that had been agreement. The actual basis of reference sampling as a standard, I am not particularly interested in what other states are doing, I am probably interested in just doing it properly. And are we comparing other geographically challenged states or are we just comparing states that are centrally located and centrally managed.*

**PB** – *I think both*

**DN** – *yeh*

**AG** – *So WA obviously there is a mixture isn't there?*

**PB** – *There is, yes.*

**AG** – *yeh, and so the really the part that we're talking about here is the development of something new that Police are concerned that they maybe traumatising a patient.*

**DN** – *Isn't just returning to the pathway that we used to have, my understanding was that prior to sometime in the 2000's it was a process and we've changed it now to police taking it, and yes Police do take DNA from people as a matter of course, our preference wouldn't be to take DNA from victims and to limit that. Obviously from offenders, yes we do for obvious reasons because we're exercising a police power but when you're a victim of a sexual assault and all of a sudden you have authorities taking your DNA from you as well it comes a lot more stressed with police taking dna from you then medicos because there is concern on how police will use that. And we don't exercise any powers to take it at that time. So, it is victim centric making sure that the person who potentially is very traumatized because sexual assault is unlike other offences and to make sure that it is done in a way that minimises any additional stress on the victim, so that's all we're seeking.*

**Transcription SAIK Working Group at 11 am on 15.12.2021**

**AG** – Yep, so we have come up with some communication strategies if that's an issue but primarily you talk that it was a historic issue and its historic now and Police were actually analysing reference samples and it was separately packaged and sent with the older documentation, so you've got that was certainly a clear issue. I guess we've got to look at it from a practical perspective here too. We have people who are currently trained who are quite effectively performing the work and there has been no issue or complaint directly from it but more that there is a perceived issue. The perceived issue comes with a management issue to train and change pathways and add to kits which all add up to a very large expense both immediately and ongoing. I think with all honesty I think this has to be fleshed out as a much more policy document before we actually even start talking about it in this way and what I don't have in front of me is a policy document, what I have in front of me is an agenda and it actually looks more like a cost shifting agenda at the moment then it does a service centric agenda so you would probably be best if we looked at this more broadly as a significant policy change and we can reflect on those various issues and (inaudible) and consult out as well to support groups that are providing support to victims. If the expense there has to be shifted across from QPS to health then the way that that expense will come across is not going to be very friendly to QPS and you can appreciate the time and training it takes to train a clinician is significantly more expensive because you're already doing it within QPS, you're already training because you're already going to have to collect (inaudible) and so in essence it's quite a large expense that we're doing it and I don't necessarily think there is going to be a path forward by discussing this as a concept alone when there is actually quite a few layers to what is involved. At the moment we are close to training approximately 200 or more people we would have to bring back to retrain to explain the process of reference sampling and that's an expensive process and its one where we got to try and achieve 100% across the board. If we're going to look at what was going to work for the laboratory processes as well I will very much let Cathie speak to these but again we're going to need a discrete process I would suggest to ensure that there is no risk to contaminating or ruining the sample. And I think that that would really the victim centric approach is actually making sure that there is the one procedure that they go through is uninterrupted and unlikely to lead to an error so it has to be a discrete process. So there is a few issues here. I don't see this as a straight forward thing as it's being expressed at all, because we have an existing body of examiners which are already trained in the collection of DNA. Yeh, sorry, Dave has his hand up.

**DN** – So back to your point about your policy the reason we're at this point is that there is a policy and I don't agree it is in error. It's pretty clear in the policy that there is a recommendation that the sample be taken by the medical examiner at the time of the examination and it is for that reason we

**Transcription SAIK Working Group at 11 am on 15.12.2021**

*try and limit the trauma to the victim. We're not trying to shift costs back to QLD Health (QH) in fact the testing, we're in agreement that we would continue to pay for the person testing and we've even gone to the extent that whatever the consumables are, we're happy to provide those to QH for the preparation of the kits, and in terms of the training of medical experts, the collection of the reference sample is not a difficult process, it's quite straight forward and I don't envisage you would need to bring staff to have face to face training to provide that. And in terms of the potential contamination of it there is a much higher risk contaminating the crime scene samples taken from the intimate areas then there is of the reference sample and you will know straight away from the reference sample if it is contaminated because there will be more than one profile and as far as the buccal swab potentially contaminating all of the samples, the crime scene samples, everyone of those sample I would expect to have the victims DNA in it anyway because of where they were taken from, so that is how perspective on it. So, yeh. And just the policy that was referred to was something that was signed by all the parties in 2014 or something so –*

**AG** – *Yeh, so, co-author of them, I am fully aware of the (inaudible) –*

**DB** – *So, Adam if you're the co-author of them, and I've just joined in but I, Dave Neville probably put it the best way and in a lot better way then I was about to because I got to be honest, when you say this thing is just a cost shifting exercise I am quite offended by that because it certainly isn't, it's trying to get you guys, as in health, to do what you signed back in 2014 and like you're supposed to be doing, to make sure that we're being victim centric here. So if you're saying that you're the co-author, why hasn't that been done, why isn't it being done and why are there so many blockers as you've just outlined to you doing it, because mate, policies there-*

**AG** – *But (inaudible)*

**DB** – *Hang on, hang on, woah, woah, Policies there, we're taking on a number of the costs already, and the training is minimal if required. We're talking about doctors and experienced nurses who examine all parts of the body but you're saying that there's going to be this massive training required for everyone because they have to stick a buccal swab in a victims mouth at the same time as they're undergoing other examinations. None of that adds up to me, I'm not a doctor, I don't pretend to be,*

**Transcription SAIK Working Group at 11 am on 15.12.2021**

*but to me its not a shift, not a cost shifting exercise from our side it's a duty shifting exercise on your side. So back to my original question is, why is it that back in 2014 you co-authored this document but it hasn't been done?*

**AG** – *yes, it is a typographical area, so it should say “not” because there was no actual capacity within the kit to do so. And that was the reason for it being there. So not sure when it changed from “not” but obviously it got overlooked as it went through and that's why it actually hasn't been in place or wasn't in place then. The only time it was in place was back in the very old kits and that had the separate document and things were actually going through to the Police DNA laboratory for analysis, which is of course, some decades ago. Though the actual capacity capability of the kit wasn't there so whilst it's based that we do want to actually create and make sure its there. I agree there is capability of people to collect reference samples but no, to suggest it doesn't have to be training is naïve. The actual packaging is separate utility of it and also when you can't collect it and if you are going to collect it and use FTA paperwork which I understand is the preferred process well that's the difference (inaudible) it is quite discrete so it's possible... it's naïve to think that no training is to be required.*

**DB** – *No, I'm not saying no training is be required-*

**AG** – *Yeh*

**DB** – *I'm not saying no training will be required because if coppers can learn in one day then medical practitioners who do this for a living can learn within an hour or two I would imagine.*

**AG** – *we are not going to get everybody together in one day (inaudible) Jacqui, sorry, you got your hand up?*

**JT** – *Sorry, I understand that the policy document, the guideline that we're referring to was created in 2014 and we're some 6 years down the track, I'm imagining (inaudible) not sure what the review for such a document, do we know what the time frame is for a review?*

**Transcription SAIK Working Group at 11 am on 15.12.2021**

**AG** – Thanks Jacqui, yeh it is actually currently under review. We have about 12 months because we're pending the integration of the paediatric component from the Royal Commission. That's actually the main stay of what's stopping a review going forward. I have not heard from where that is, but that seems to be the main stop so it's going to be a uniform document that basically adult and paediatric response.

**CH** – If the FTA sampling is part of what's causing the hesitation that's just our agreement to work in with the lab preference because it's my understanding the buccal cells are the labs preference for a reference sample. Whereas, as you're aware it used to be blood tube but the FTA card for the buccal cells was just, so long as we get a victim reference sample we don't mind how that's done, the FTA cards which is what we were discussing here was just us working in with the lab preference. So, if you're saying for your doctors and nurses that it would be easier to take a blood sample and that would not require all the testing that you're suggesting then perhaps the blood is the way to go. But obviously that causes a problem at the lab.

**AG** – No, why would do we want to go stick needles in people if we're not sticking needles in them so that's possibly more of a point. No, I just think at the moment we're looking, like, I would like some more flesh before we're actually informing our policy and process and to spend money on this sort of thing and we need to actually look at how it's being done and make sure that it's an appropriate expenditure of funds and efforts. At this stage this is not emergent and as far as I can see we're not responding to a particular issue we're not changing the police training who will continue to understand how to collect DNA. We're looking at implementing a different process across kits both historic and before they actually go out now and a look at the training behind it. A substantial effort is actually going to be required from a small group of clinicians to train the larger body. I do have some hesitation in seeing it and really looking at how its supposed to be a harm, but so at the moment if we're looking at the policy document saying that this is the argument the policy document doesn't reflect the practice unfortunately and it's an unfortunate typographical error and if it's the basis for the policy-

**DN** – (inaudible) from our perspective –

**Transcription SAIK Working Group at 11 am on 15.12.2021**

**DB** – *How about reflect the policy? How about reflect it and actually see its go nothing to do with you're saying its going to be so much more work for you, its more work for us too, yeh it reduces the time that we have to go three days later and do this but we need to put kits together, we need to assist with that, we've been working on it for some time now as a working party to come up with the best way to do this for us and for health but you know what. This isn't about health and it's not about the cost, its about the victim and what it seems to me is that for yourself Adam its about Health, its not about the victim, the victim comes second and you know I could say with all due respect that's how it seems to me. We are trying to make it better and more victim centric, you are creating barriers as to why we can't.*

**AG** – *That's not necessarily the case at all. Because what we have, you've described something as a notion, you've described something as (inaudible) –*

**DB** – *It's not a notion mate, it's done in every other state bar QLD and possibly one other. It's not a notion. It's something that you signed off on and is done in other areas.*

**AG** – *We've discussed that already. What we're actually looking to is the impetus for changing a process that has yet not received any complaints or concerns, that the police engagement is traumatic. It is something that is obviously something that must occur in other situations when you're collecting DNA from individuals (inaudible)*

**DF** – *I really don't –*

**DB** – *we take DNA off (inaudible)*

**DF** – *Dave, I really don't think, we're not getting anywhere having this discussion but I guess the things is that at the end of the day, there is a very big spotlight on sexual assaults, domestic violence and so on and so forth in relation to females and victims at this particular time, so I'm just thinking it look, I really don't think at this particular time we're moving forward at all I'm mindful we've all got members who are involved in the Women's Safety and Justice Taskforce. I think that this will become*

**Transcription SAIK Working Group at 11 am on 15.12.2021**

*something that will be - Something that the light, the spotlight will be shone on at some particular stage in relation to the sexual assault of victims and the taking of DNA. So if we need to go back and we need to have further discussions in our own agencies about the position I am happy to raise it up to my AC and Deputy and maybe the discussions should be happening at a higher level.*

**AG – Agree**

**PB** – *I completely agree. I cannot see how that would not be best practice moving forward into the future, in line with other states, in line with the guideline itself, I am at a loss. I completely agree with the Supt it can get addressed up our Commissioner has a very invested interest in it, along with her Deputies and Assistant Commissioners. So I agree with the Supt, we should raise that up.*

**NT** – *I don't think something needs to be complaint driven to show that it's traumatic either. I'm miffed about that, you know, the victims wouldn't have a process of making a complaint about the process anyway, I think its just a given that being dealt with twice is going to be more traumatic, I think anyone can see that.*

**DF** – *Alright, well look, I think, look we'll certainly take on board what you've said Doctor and we'll share that around, I really don't think we're progressing any further, obviously you've got a certain view in relation to this and I think there needs to be certain consultation perhaps from our level, at a higher level, so I'll take what you've said on board and I will raise it up to my AC and maybe they can have some conversations with Lara (Lara Keller) in the first instance and we can go from there.*

**ALL – All Agreed**

**DF** – *the time is 11:31 and we'll cease the meeting there. Thank you everyone for joining in today and I guess if you've got anything that you do wish to raise up to Lara, by all means please do that and we'll do that on our side and we'll take it up to a higher level to have those discussions on how we move forward.*

***Transcription SAIK Working Group at 11 am on 15.12.2021***

**PB** – *Thank you*

**DF** – *Thank you*

**DB** – *Thanks Super*

-----MEETING RECORDING ENDED-----

**ACTION ITEM**

**QLD Health** - Raise up any concerns/issues regarding the SAIK and the meeting on 15.12.2021

**QPS** – Raise up issues/concerns discussed and suggestions on a way to move forward with AC and Deputy.

**Next meeting TBA**



## EXHIBIT 11

[LD]

**From:** Brieze.DavidB[CIC]  
**Sent:** Monday, 20 December 2021 15:18  
**To:** A/C Crime Intelligence Command  
**Cc:** Briggs.ColinJ[HQ]; Frieberg.DaleJ[OSC]  
**Subject:** Issues with SAIK testing - Queensland Health  
**Attachments:** qld-govt-guidelines-for-responding-to-sexual-assault.pdf

**GROUP** – Child Abuse and Sexual Crimes Unit (CTU).

**DATE** – 20 December 2021

**DESCRIPTION OF EVENT** – Working party formed to address non-compliance of policy by Queensland Health to obtain buckle (mouth) swabs from sexual assault victims at the time of sexual assault examinations.

### **CURRENT SITUATION / ACTIONS**

- On 27 October 2021 I attended the State Library with AO8 Debbie Jones, where we presented to Queensland Health Forensic Nurses and Medical practitioners on the role of the Sexual Violence Liaison Officers and the Sexual Violence Prevention Strategy.
- Dr Adam Griffen, Chief Government Medical Officer was also in attendance and following the presentation I raised issue with him regarding the 2014 Government Interagency Working Group policy document *Response to Sexual Assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*, the purpose of which was to prevent unnecessary trauma being caused to victims including during subsequent forensic medical examinations. Within the guidelines, it is recommended that victim DNA reference samples, usually a mouth swab (on occasion a blood sample) should be taken routinely as part of the forensic medical examination.
- Co-signatories on the policy were senior representatives from Queensland Health, Queensland Police Service, Department of Justice and Attorney-General, and Department of Communities, Child Safety and Disability Services.
- This was raised as the actual situation across all Queensland Health facilities is to conduct the examination without a health practitioner obtaining the sample at the same time, with the requirement that police then re-attend with the victim within the following week (approximately) to obtain that sample.
- It was also raised that Queensland appeared to be the only jurisdiction in Australia that operates in this way and further that obtaining the sample at the same time as the SAIK examination appeared to be less intrusive of the victim and therefore more victim-centric and in line with the *'Prevent, Support, Believe. Queensland Framework to Address Sexual Violence'*.
- Dr Griffen at that time provided several reasons as to his belief as to why it didn't occur in Queensland including:
  - That he believes there may be an issue with cross contamination from saliva and semen in the victims mouth that would prevent a buckle swab from being taken at the time of the SAIK;
  - That even though another person's saliva only takes 8-10hrs to disappear from a DNA sense inside a victims mouth, he does not want to have different processes for his staff of taking DNA depending on whether they may have mouth DNA contamination – he wants one process for uniformity;

- He stated that with the current process of police obtaining the sample a few days later, it means that there is zero chance of contamination by that stage and thus this is his preferred process;
  - He is also concerned about the possible contamination of samples if placed into the same SAIK kit for analysis;
  - He does not believe that a re-attendance to the victim by police and obtaining of the buckle swab would increase or add to the trauma being experienced by a sexual assault victim.
- A working party was formed by members of the Forensics Unit, including Superintendent Dale Frieberg, Inspector David Neville and Acting Inspector Peter Bushel, Detective Inspector David Brieese of the Child Trauma and Sex Crimes Unit, and members of Queensland Health including Acting Executive Director of Forensic and Scientific Services, Queensland health and Dr Griffen.
  - On 15 December 2021 this working group met (Chair Supt Frieberg). During the meeting Dr Griffen again repeated a number of his concerns as per above but also added:
    - That the 2014 policy, which he stated he was a co-author on, included a typographical error in respect to the obtaining of the mouth swab at the same time as the sexual assault examination;
    - That he believed it would be difficult and labour intensive to train medical practitioners in the taking of the mouth swab;
    - That unless actual complaints had been made by victims of sexual assault in respect to the mouth swab being obtained days later by police, he did not see a reason as to why the existing process should change.
  - On 20 December 2021 Queensland Police members of this working party met with Assistant Commissioner Kath Innes, Crime and Intelligence Command and Acting Assistant Commissioner David French, Operational Support Command where this matter was discussed and a decision made to complete and advance an Executive Briefing Note with the aim to have the current policy reviewed and the process of obtaining mouth swabs from victims of sexual assaults brought in line with other jurisdictions across Australia and ensure any examination process is victim-centric.

### **INTENDED ACTIONS**

- EBN to be completed and advanced.

### **MEDIA ISSUES**

- Nil at this point.

### **OTHER MATTERS OF NOTE**

- Margaret McMurdo Domestic Violence and Justice report is due for completion and report in early to mid 2022.

**David Brieese**  
**Detective Inspector**  
**Child Trauma and Sexual Crime Unit**  
**Child Abuse & Sexual Crime Group**  
**Crime and Intelligence Command**





**Sexual violence is never acceptable.**

Information and support is available online.

**Sexual Violence Awareness Month**

[www.qld.gov.au/svmonth](http://www.qld.gov.au/svmonth)





# **Response to sexual assault**

Queensland Government Interagency  
Guidelines for Responding to People  
who have Experienced Sexual Assault



These guidelines have been developed through a strong collaborative approach by a Government Interagency Working Group including representatives from:

- **Queensland Police Service**

- **Department of Justice and Attorney-General**

- *Office of the Director of Public Prosecutions*
- *Queensland Courts*
- *Victim Assist Queensland*
- *Youth Justice Conferencing*

- **Department of Communities, Child Safety and Disability Services**

- **Queensland Health**

- *Aboriginal and Torres Strait Islander Health Unit*
- *Clinical Forensic Medicine Unit*
- *Child Advocacy Service*
- *Royal Brisbane and Women's Hospital Department of Social Work Services (Sexual Assault Service)*

*The Strategic Policy Priority Areas, System Policy and Performance Division of Queensland Health were consulted during this process.*

Mr Ian Maynard  
Director-General  
Department of Health



Mr Ian Stewart  
Commissioner of Police  
Queensland Police Service



The guidelines are intended to outline key principles and a best practice framework for working with people who have experienced sexual assault. This includes children and young people who have been sexually abused or sexually assaulted.

The term victim is used throughout the document where there is reference to specific legislation and where the person is either a male or female who has experienced sexual assault. The term sexual assault is used throughout the document and includes those assaults where rape and/or sexual abuse has taken place or is alleged to have taken place.

Mr Michael Hogan  
Director-General  
Department of Communities, Child Safety and Disability Services



Mr John Sosso  
Director-General  
Department of Justice and Attorney-General



June 2014

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## Preface

The guidelines are designed to promote whole-of-government interagency cooperation and service coordination with an aim to improve governmental responses to victims of sexual assault. The need for enhanced coordination and cooperation has long been recognised and resulted in the development of the *2001 Queensland Government Interagency Guidelines for responding to adult victims of sexual assault*.

The 2013 guidelines aim to facilitate best practice, quality service and support to people who have experienced sexual assault.

Legislation relevant to and defining sexual assault includes but is not limited to:

- *Aboriginal and Torres Strait Islander Peoples Recognition Act 2013*
- *Child Protection Act 1999*
- *Criminal Code Act 1899*
- *Criminal Law (Sexual Offences) Act 1978*
- *Domestic and Family Violence Protection Act 2012*
- *Evidence Act 1977*
- *Health Act 1937 & associated regulations*
- *Hospital and Health Boards Act 2011*
- *Mental Health Act 2000*
- *Police Powers and Responsibilities Act 2000*
- *Public Health Act 2005*
- *Victims of Crime Assistance Act 2009*

Policy referred to includes but is not limited to:

- Queensland Government Language Services Policy
- Queensland Health Protocol for conducting child sexual assault examinations

The guidelines should be read in conjunction with internal agency procedures such as the Office of the Director of Public Prosecutions Guidelines and the Queensland Police Service Operational Procedures Manual. In addition to legislation, policies and procedures, the Queensland Government joins with governments around Australia in the implementation of the National Plan to Reduce Violence against Women and their Children 2010-2022.

Each government agency has a complementary and essential role in ensuring that people have access to effective, timely and appropriate information, support, care and treatment following a sexual assault.

Given the nature of the crime, sexual assault is an area of legal and social complexity. The guidelines are designed to help government officers and agencies work together in the best interests of the person who has been sexually assaulted through better understanding one another's roles and responsibilities.

The Queensland Government encourages reporting of criminal activity and prosecution of offender(s) where possible.



## Glossary

CPA	<i>Child Protection Act 1999</i>
DCCSDS	Department of Communities, Child Safety and Disability Services
DFVPA	<i>Domestic and Family Violence Protection Act 2012</i>
EA	<i>Evidence Act 1977</i>
FME	Forensic Medical Examination
FMO	Forensic Medical Officer
FNE	Forensic Nurse Examiner
ODPP	Office of the Director of Public Prosecutions
QH	Queensland Health
QPS	Queensland Police Service
SAIK	Sexual Assault Investigation Kit
Victim Assist	Victim Assist Queensland
YJC	Youth Justice Conferencing

# Section 1

## Introduction

### Governance

The government agencies responsible for delivering a service to victims of sexual assault, in accordance with relevant legislation, whole-of-government policy and internal departmental procedures, are responsible for the ongoing governance of this document. The guidelines are underpinned by each government agency's own internal policies and procedures which they are obligated to adhere to. Each government agency has a formal complaints mechanism which is accessible to members of the public.

The Government Interagency Working Group will meet bi-annually to review the guidelines and consider matters of particular concern for people impacted by sexual assault and to consider the impact of any legislative change.

### Sexual assault

Sexual assault is a crime of violence. It is a humiliating and degrading experience. It has an emotional, physical, financial and social cost, not only to those directly affected, but also for the community as a whole.

The number of reported sexual offences against women aged 15 or over in Queensland in 2011/2012 was 2035 compared with 227 against males.<sup>1</sup>

Major Australian studies indicate that only 11-25 per cent of sexual assaults are reported to the police and that most offenders are known to the victim.<sup>2</sup> People who experience sexual assault may feel a range of emotions including shock, fear, guilt, shame, depression and an inability to trust others. The social stigma attached to sexual assault can heighten these feelings and increase the trauma experienced. It is imperative that when disclosing or reporting a sexual assault, people receive an effective, professional and appropriate response from the agencies to which they report.

Community education can encourage family and friends to respond supportively and appropriately to a disclosure of sexual assault. However, in order to assist their recovery, victims may also need access to a range of personal support services including counselling, medical services and assistance to report the crime to the police.

The information provided in the guidelines is intended to provide a strategic overview to support the development of policies and procedures at a local level. Local level procedures will differ according to the nature of the service system in each area. It is also intended to contribute to improving service responses to victims.

### Responses to victims

Following disclosure of a sexual assault, the following needs of the victim should be addressed:

- immediate safety needs
- immediate health needs
- options for pursuing justice
- ongoing emotional needs for longer term wellbeing.

In order to avoid secondary traumatisation and mitigate the risk of negative, long term outcomes, government responses to sexual assault must be both sensitive and effective. These responses therefore need to take into account the diversity of victims, including their cultural and linguistic background, disability, sexual orientation, age and geographical location. In addition to assisting recovery, more sensitive and effective responses may also lead to an increase in reporting rates.

This, in turn, can lead to a more accurate understanding of the prevalence of sexual assault, inform community education and awareness approaches, and result in improved prevention strategies.

<sup>1</sup> Queensland Police Service (2012) Statistical Review 2011-2012 Brisbane

<sup>2</sup> Australian Bureau of Statistics (1996) Women's Safety Survey, Cat.no. 4218.0 (unpublished data) as cited in Office of Women's Policy (1999) A Social and Economic Profile of Women in Queensland 1999 Brisbane; Australian Bureau of Statistics (1996) Victims of Crime Survey

## Children and young people

It should be noted that the *Child Protection Act 1999* (CPA) is relevant where there are concerns that a child has been sexually abused and where a child does not have a parent able and willing to protect them from the abuse. The main principle for administering the CPA is that the safety, wellbeing and best interests of a child are paramount. Section 159B of the CPA imposes a responsibility on particular service providers to assess and meet the protection and care needs of children and provide collaborative and coordinated support to their families.

The definition of harm in the CPA includes harm resulting from sexual abuse or exploitation. A child is defined in the CPA as an individual less than 18 years of age. Where the child or young person is under the age of 16, their parent or guardian should be consulted where possible and appropriate. Whilst certain circumstances may not make this possible, the child or young person should have access to a support person throughout the response.

The safety and protection of children and young people who are sexually assaulted is a high priority. When disclosing a sexual assault, young people should be encouraged to access services so that they are aware of their options in terms of support, assistance, treatment and prevention.

When working with a young person who reports a sexual assault, personnel from the Queensland Police Service, Department of Communities, Child Safety and Disability Services (DCCSDS) and Queensland Health (QH) are required to follow the statutory requirements under the CPA and the *Public Health Act 2005* relevant to their position.

Where the child or young person is subject to an order granting custody or guardianship of the child, the Chief Executive, Child Safety, DCCSDS, must be notified regarding the report of a sexual assault.

Confidentiality cannot be guaranteed where a child or young person is believed to be in need of protection from harm. To work in the best interest of that child or young person, information may need to be exchanged between departments. It is best practice for the child or young person to be advised that a report to the DCCSDS and the police may take place. Certain circumstances may not make this possible.

## Section 2

# Principles of the Interagency Guidelines

Government responses to sexual assault are framed by the following overarching principles:

- All agencies will focus on the safety, physical and psychological needs of the victim
- The victim's right to privacy and confidentiality will be respected at all times unless disclosure is required by another law
- Comprehensive information about all processes and options will be offered in a way which is non-judgemental, appropriate, clear and sensitive to the victim in terms of language, culture, age, disability, gender, sexuality and location
- The victim's informed decision will be respected at every stage of the process
- The victim's sense of personal control will be supported and encouraged
- All relevant agencies will work collaboratively to respond to sexual assault, to provide clear, up to date and comprehensive information about other agencies and services and will facilitate access to appropriate agencies and services on request
- All agencies will ensure documentation and records are prepared in accordance with individual agency requirements and respect confidentiality, privacy, security and choice.

### Fundamental Principles of Justice for Victims of Crime and Complaints Mechanism

Government responses are also framed by the legislated responsibilities defined in the Fundamental Principles of Justice for Victims of Crime (Principles of Justice) in Queensland, set out in Chapter 2 of the *Victims of Crime Assistance Act 2009*.

If a victim feels they have been treated unfairly or without respect by a Queensland Government officer, they have the right to complain to the government agency responsible for the conduct of the officer or to Victim Assist Queensland (Victim Assist).

As a guide, the following is a summarised version of the Principles of Justice:

#### Fair and dignified treatment

The victim must be treated fairly and shown dignity, respect, compassion and courtesy. The government entity must take in to account and be responsive to the particular needs of the victim relating to the victim's age, sex, race, cultural identity, impairment, sexuality or religion.

#### Privacy of victim

A person's personal information, including their address and phone number, can only be disclosed with consent or as authorised by the law.

#### Information about services

The victim must be given timely information about relevant services available to them, including welfare, health, counselling, legal help and financial assistance.

#### Information about investigation of the offender

If the victim asks, they should be given information about the investigation of the offender where possible. Information given to a victim may include the progress of the investigation and the name of the person charged.

#### Information about prosecution of the offender

If asked by the victim, the prosecuting agency is to give the victim details about the crime committed against them, including when the victim may attend a court proceeding, notice of a decision to change a charge, or notice of the outcome of a court proceeding.

#### Victim to be advised on their role as a witness

A victim, who is to be a witness for the prosecution in the trial for the crime committed against them, is to be informed by the prosecuting agency about the trial process and their role as a witness.

### **Minimal exposure to and contact with the offender**

As much as possible, relevant agencies present at court are to ensure the victim has minimal contact with or exposure to the offender during court proceedings or in the court building.

### **Victim Impact Statement**

During sentencing of the offender, the victim has the right to give details of the impact and harm caused to the victim by the offence, to the prosecutor as an impact statement. Victims can access information about completing a victim impact statement by calling Victim Assist on 1300 546 587 or by accessing a copy of the [Guide to Making a Victim Impact Statement](#) at [www.justice.qld.gov.au](http://www.justice.qld.gov.au).

### **Information about the convicted offender**

A victim can apply to be registered on the Victims Register. If the offender is then convicted and imprisoned, the victim will be provided with this information on request. This includes information on the sentence, an escape from custody, or day of release. To be included on the Victims Register call 1800 098 098.

### **Making a complaint**

If a victim of crime feels a government agency, person or persons within the agency have engaged in conduct that is not consistent with the Principles of Justice, they have the right to make a complaint. Victims can access information about making a complaint by calling Victim Assist on 1300 546 587 or by accessing a copy of the [Complaint Form](#) at [www.justice.qld.gov.au](http://www.justice.qld.gov.au).

Government agencies are obligated to have a formal complaints management system, and the Queensland Government is committed to having these systems available and acted upon in accordance with the Principles of Justice.



## Section 3

# The Roles of Key Government Agencies

### Queensland Police Service

The Queensland Police Service (QPS) has three main functions in relation to sexual assault cases including:

1. Investigate complaints of sexual assault and establish whether an offence of sexual assault has been committed.
2. Protect victims of sexual assault.
3. Identify, apprehend and prosecute offenders.

In carrying out this role, the police should:

- observe QPS Operational Procedures Manual
- observe QPS local procedures or instructions
- observe legislative requirements
- observe the Fundamental Principles of Justice for Victims of Crime
- provide victims with information regarding the investigation and prosecution
- provide protection to victims at immediate risk of sexual assault
- provide victims with information about support services

### Queensland Health

In responding to sexual assault, the role of QH is to provide medical care, forensic medical examinations (FME), sexual health assistance and information and support. These responses are provided by public hospitals, the Clinical Forensic Medicine Unit and may include specialist sexual assault teams. The extent and nature of this care varies across hospital and health services in accordance with local procedures and resources.

Assistance and care in the acute phase includes:

- medical treatment
- collection and documentation of medico-legal evidence where appropriate
- sexual health information and treatment
- information about rights as a victim of crime
- information about reporting to police and legal processes
- support and information extended to support networks.

In addition, QH provides education and training to government and non-government agencies, with an aim to broaden community knowledge, improve responses and prevent sexual violence as outlined in the National Plan to Reduce Violence against Women and their Children 2010 – 2022.

## Department of Justice and Attorney-General

The Office of the Director of Public Prosecutions (ODPP), Victim Assist Queensland (Victim Assist), Youth Justice Conferencing (YJC) and the Queensland Courts all fall within the responsibilities of the Department of Justice and Attorney-General. The following provides an overview of each of these separate agencies.

### Office of the Director of Public Prosecutions

The ODPP represents the Crown in criminal proceedings against persons accused of committing serious criminal offences including sexual assault. The criminal proceedings include:

- the committal hearing, before a Magistrate in Brisbane Central, Ipswich and Southport Magistrates Courts. In other centres, this hearing is conducted by prosecutors within the police
- trials before a judge alone or a judge and jury
- sentencing hearing before a judge
- any appeals arising from the trial or sentence.

In addition to prosecuting matters in court, the ODPP is responsible for:

- assisting victims by providing information about the progress of a prosecution, the victim's role as a witness, and how the victim can inform the court of the impact of the crime by providing a victim impact statement
- giving victims reasons for decisions made in relation to proceedings which directly affect them
- taking into account the wishes of a victim who does not wish to proceed with a prosecution for any reason
- providing information about the availability of other resources and processes that may assist victims
- requesting that the court give sexual assault matters appropriate priority
- ensuring the victim has minimal contact with or exposure to the offender during court proceedings or in the court building

- liaising with other relevant agencies to ensure that the victim and family members understand the legal and procedural issues which may impact them.

In carrying out the role of the ODPP, all officers are obliged to comply with the Director's Guideline No. 25 as at 2013 [http://www.justice.qld.gov.au/\\_data/assets/pdf\\_file/0015/16701/Directors-guidelines.pdf](http://www.justice.qld.gov.au/_data/assets/pdf_file/0015/16701/Directors-guidelines.pdf). This aims to ensure that the Principles of Justice, as set out in the *Victims of Crime Assistance Act 2009* are complied with.

### Victim Assist Queensland

Victim Assist provides access to specialised support services and financial assistance for victims of personal acts of violence including sexual assault.

Financial assistance may be available to victims of sexual assault to help them pay for the cost of goods and services that have arisen, or will arise as a consequence of the assault.

This includes medical and dental expenses, and expenses associated with improving safety or relocation from their current location in order to escape the offender.

Victim Assist also provides information, referrals and support (which may include court support) to victims, and assistance in making a victim impact statement if the victim chooses to make one.

### Youth Justice Conferencing

If the offender is a young person, there may be alternative processes to the matter being dealt with by a court. The purpose of YJC is to hold the young offender accountable for their actions and to come to an agreement on what they will do to attempt to make reparation for the harm caused. To safeguard the victim, additional procedures are adopted before a conference for a sexual assault can occur. These include referring the victim to a counselling service as well as compulsory attendance of the juvenile offender in a specialist treatment service.

## Queensland Courts

Queensland Courts afford victims of sexual offences, affected child witnesses and special witnesses protections when proceeding through court. These are detailed in the *Evidence Act 1977* (EA) and the *Criminal Law (Sexual Offences) Act 1978*.

Section 21A of the EA provides protections for special witnesses and affected child witnesses. The court can declare a person a special witness by hearing evidence (if the witness does not automatically fall into the special category, such as where the witness is a child or the person has a mental impairment). When the court hears evidence from these special witnesses, there are a range of options to assist the witness. These include ensuring the victim has minimal contact with or exposure to the offender during court proceedings or in the court building. Where the witness is an affected child witness, there are further protections in place.

For further information refer to the Supreme Court Bench Book: <http://www.courts.qld.gov.au/information-for-lawyers/benchbooks-and-ucpr-bulletin/supreme-and-district-courts-benchbook>.

## Department of Communities, Child Safety and Disability Services

The Department of Communities, Child Safety and Disability Services allocates funding to non-government organisations to assist people, predominantly women, who have experienced sexual assault, in accessing necessary services and support needed to rebuild their lives as quickly as possible. These sexual assault services offer flexible, holistic and ongoing personal support including advocacy and sexual assault counselling (including crisis counselling), in a culturally appropriate and safe environment.

The range of support provided by these services includes:

- provision of information, advice and referral
- needs assessment and development of case/service plans
- individual advocacy
- sexual assault counselling for victims and survivors of sexual assault
- community education.

For more information about access to sexual assault services in local areas, contact the Sexual Assault Helpline on 1800 010 120.

Child Safety Services is the Queensland Government agency for child protection and adoption services. The department is dedicated to protecting children and young people from harm or who are at risk of harm, and whose parents cannot provide adequate care or protection for them.

## Non-government organisations

It is acknowledged that a number of government departments provide grant funding to non-government organisations to deliver a range of specialist sexual assault services. Local procedures and service agreements in relation to services provided by these organisations should be adhered to.



## Section 4

# Interagency approach

Given the often violent and complex nature of sexual assault, an interagency approach is essential. The Queensland Police Service (QPS), Queensland Health (QH), the Department of Justice and Attorney-General (DJAG) and the Department of Communities, Child Safety and Disability Services (DCCSDS), each have a different but fundamental role in responding to sexual assault. Each of these agencies should assist each other in understanding and supporting their role and be familiar with, and sensitive to, their differing and complementary roles. An interagency approach provides opportunities to discuss and address issues of mutual concern across departments.

### Teamwork

Quality of care depends on partnership between these different agencies. Each agency should establish local procedures to facilitate improved liaison and coordination between services. These procedures should include systems for information sharing and conflict resolution.

### Confidentiality

Confidentiality, privacy of information and security of records is imperative when working with people who have experienced sexual assault. It is a fundamental principle in treating victims with dignity and respect.

Access to and disclosure of personal information regarding the assault will conform to legal requirements and be limited to people directly involved in the case. Except where legal obligations exist, information will not be released without the prior consent of the person involved. This includes names and identifying information.

### Training

Joint training can contribute to achieving interagency objectives and allow those working in the field to understand how best practice is achieved. Training and orientation should be ongoing and could include input from relevant local services.

### Information provision

Police officers, doctors, social workers, health workers and legal officers, should provide people with relevant information which may include written material. This information should be offered in a way which is non-judgemental, appropriate, clear and sensitive to the victim in terms of language, culture, age, disability, gender, sexuality and location.

People should be made aware of, and be given an opportunity to discuss and consider the implications of proceeding with medical, investigative and legal processes so that they can make informed decisions. These decisions must be respected. It should be noted however that the decision whether or not an investigation should proceed rests primarily with the police.

### Referrals

Relevant referral procedures and guidelines between police and health services should be observed.

Staff of government agencies should be familiar with local specialist services and actively support people who have experienced sexual assault to access appropriate supports available in their community. In addition, relevant health, welfare and legal services likely to be accessed by victims will need to develop local strategies and procedures to ensure that referral processes are appropriate and coordinated. These services should also be aware of the admission procedures and location of the nearest health facility and police station.

## Feedback

Quality of care is essential in ensuring that people are referred to the appropriate service. QPS, QH, DJAG and DCCSDS should ensure that local interagency links and procedures operate in a coordinated manner. Mechanisms for giving feedback about service delivery should also be in place and observed.

## Access, availability and promotion of services

People who have experienced a sexual assault may need encouragement to use medical, counselling, police and legal services. Local procedures should ensure that services are accessible and coordinated. This includes the use of written information and community education materials.

## Gender of service providers

Following a sexual assault, the person may feel uncomfortable talking with personnel of the opposite sex. If a preference for female or male personnel is expressed, all reasonable steps to accommodate this preference should be taken.

## Diverse needs

Procedures need to be flexible in order to respond to diverse needs; including culture, language, gender, disability, religion, sexuality and geographical location. Furthermore, it is important to understand how these needs impact access to and utilisation of appropriate services.

All agencies should ensure that procedures and facilities provide access to appropriate services for Aboriginal and Torres Strait Islander people, people of non-English speaking backgrounds, children and young people and people with disabilities, including physical disabilities.

## Aboriginal and Torres Strait Islander people

Service provision should reflect the cultural needs of Aboriginal and Torres Strait Islander people. Agencies should have a referral mechanism to facilitate access to culturally appropriate information for Aboriginal and Torres Strait Islander people. Where there is consent and it is appropriate to do so, Aboriginal and Torres Strait Islander liaison workers may be offered to assist people during the process.

## Communication

The Queensland Government recognises that a significant number of people may require interpreter services, as well as culturally appropriate support in order to adequately disclose and report a sexual assault, and make informed decisions about the support and options available to them.

## People with a disability

Services and agencies should facilitate access to appropriate support workers and interpreters for people with a disability. Disability includes intellectual, physical, sensory, psychiatric or neurological impairment, or a combination of these, resulting in a substantial reduction in the person's capacity to make informed decisions or communicate. With the person's consent, and when it is safe and appropriate to do so, services should also consult with relevant people involved in that person's life such as carers, guardians and specialist agencies or departments.

### **People from culturally and linguistically diverse backgrounds**

Service provision should be responsive to, and respect the cultural, religious and language needs of the person who has experienced sexual assault. Where communication in English is difficult or where requested, accredited interpreters and cultural support workers should be used to assist in both eliciting information from, and providing information to the person who has experienced sexual assault. This supports client safety and enables informed decision making about health care, investigative and legal processes for both the client and agency.

### **Translating and interpreter services**

All reasonable steps will be taken by government agencies and funded non-government organisations providing sexual assault responses, to ensure fair and equitable access to interpreting and translating services that are responsive and high quality.

All reasonable steps should be taken to make an accredited interpreter available in all situations where an interpreter and/or translator is required, unless there are extenuating circumstances that genuinely prevent an interpreter from being used. This may include, for example, a medical emergency or where a language group or community is very small and confidentiality is a concern for the client, or where there is no interpreter available for that language group. All agencies will take into consideration the wishes of the person who have been impacted by the sexual assault in relation to the use of an interpreter.

Each government agency is required to observe its own policies and procedures in relation to the use of interpreters. These internal procedures should align with the [Queensland Government Language Services Policy](#).

## Section 5

# Interagency procedures

Regardless of where sexual assault is first reported, the first priority is to ensure the safety and welfare of the person reporting. Prompt referral to the designated specialist service should take place.

### Crisis intervention

The purpose of intervention by a designated sexual assault response worker is to:

- provide immediate assistance, stabilisation and emotional support to assist the person to return to their level of functioning before the crisis
- assist the person to process their perception of the stressor
- provide information about the options available, as well as the procedures of the local health facility
- provide an opportunity for the person to express their concerns and feelings
- offer practical support, including contacting family members or support persons where appropriate
- talk to family members or support persons (if present) about how best to support the victim
- co-ordinate the interagency response and facilitate patient care and treatment along the sexual assault pathway
- provide information in relation to available community support resources.

The sexual assault worker will advise the victim of their right to access medical advice and treatment including sexual health treatment. If information or clarification about police procedures is requested, the sexual assault worker will, with the victim's consent, arrange for police to provide this information.

During any phase of this process, a support person can be present. The support person should not adversely influence the process.

### Initial report to police

Police receiving a report of a sexual assault will act on the information received. The police should inform the victim of relevant decisions made and where necessary, obtain the victim's consent.

### Initial report to a health facility

Health facilities, such as hospitals, are often the first place where a person will disclose a sexual assault. When this happens, nursing and medical staff will assess the general medical condition of the person and administer immediate medical treatment if required. Assessment of a person's need and urgent medical intervention will always be the first priority.

### Medical examination and treatment

A general, non-forensic medical examination may be conducted by a medical professional with the aim to:

- reassure victims about their physical welfare, including giving information on, and providing treatments to reduce the risks of pregnancy and sexually transmitted infections
- assess, treat and document injuries
- provide advice and referral options for follow up medical care.

A medical examination should include sexual health intervention as described in *Queensland Sexual Health Clinical Management Guidelines of 2010 section 6*: [http://www.health.qld.gov.au/sexhealth/documents/cm\\_guidelines06.pdf](http://www.health.qld.gov.au/sexhealth/documents/cm_guidelines06.pdf).

Unconscious patients who are admitted to hospital with a suspicion of sexual assault will be assessed and treated as medical emergencies.



## Referral to the local sexual assault team

Health staff must follow local procedures in the management of sexual assault. All efforts should be made to contact the designated sexual assault team and where there is no specialist team, crisis intervention and support will be delivered by health staff present. A referral for follow-up support and care should be made as soon as possible.

## Notifying the police

The sexual assault worker should discuss available reporting options with the person. If the victim requests to speak to police, it is the role of the sexual assault team or other designated staff member, to notify the police as soon as possible to ensure all evidence including the crime scene can be secured. Notification and initial reporting to police does not mean an investigation will automatically take place.

Where police are operating under time constraints, they should inform health staff. Working together to meet time constraints will directly impact the quality of the outcome for the victim.

## Victim attending with police

Where victims arrive at the health facility with police, procedures outlined in referral to the local sexual assault team above should still be followed by health staff.

## Initial contact

It is the sexual assault worker's role to coordinate an immediate response; offer practical and emotional support, assess the person's immediate physical and emotional safety and recognise the potentially traumatic nature of the assault.

Medical assessment will be conducted in accordance with local procedures.

## Forensic medical examinations

Doctors or nurses conducting forensic examinations must follow local procedures in the management of sexual assault.

The forensic examination consists of obtaining a history as to the nature of the assault in order to guide the subsequent physical examination. It also includes interpretation of injuries and the collection of forensic evidence as it relates to the alleged sexual assault.

## Forensic medical examinations and informed consent for people aged 14 years and above

Informed consent reflects a legal and moral principle whereby the victim has the right to decide what is appropriate for them. This includes the right to accept or to decline a forensic examination and to change that decision.

In order for a patient to exercise this right, they require access to information that is relevant to them. An explanation about the nature of the forensic examination must be given by the forensic medical officer (FMO) or forensic nurse examiner (FNE) and police also need to inform the victim about police investigation processes.

The victim should be made aware that they may withdraw their consent at any time to any particular procedure, or any aspect of the examination. However after the examination is complete, an investigation by police may continue to progress.

It should be noted that the decision to have a forensic examination is a health care matter and therefore legislation and policy around informed decision-making in health care applies in this circumstance. For more information on decision-making in health care settings, please refer to the Queensland Health guide to informed decision-making in healthcare: [www.health.qld.gov.au/consent/documents/ic-guide.pdf](http://www.health.qld.gov.au/consent/documents/ic-guide.pdf).

It is the responsibility of the medical and forensic staff to assess capacity to consent. Where a person lacks capacity, it is appropriate to identify a capable adult to act on the patient's behalf. Please refer to section 2.2 of the Queensland Health guide to informed decision-making in healthcare: [www.health.qld.gov.au/consent/documents/ic-guide.pdf](http://www.health.qld.gov.au/consent/documents/ic-guide.pdf).

If at any point there is a possibility that the capable adult identified is the offender, it is in the best interests of the patient for an Adult Guardian to be appointed in accordance with the *Powers of Attorney Act 1998* and the *Guardianship and Administration Act 2000*.

Where possible the examination will be carried out using the Sexual Assault Investigation Kit (SAIK).

### Forensic medical examinations and informed consent for people under 14 years of age

Paediatric patients are generally those aged less than 14 years of age. It is usual practice for the child to be transferred to the hospital's child protection area for an examination, even if they have had initial treatment in an adult emergency setting. Emergency medical treatment for any child should be undertaken by the Department of Emergency Medicine prior to a forensic medical assessment.

Paediatric forensic medical assessments are undertaken by paediatricians. This will be done by the Child Protection Advisor on call (or similar) or the general paediatrician on call.

All examinations conducted on children should be consistent with Queensland Health's Hospital and Health Services Health Service Directive: Protocol for conducting child sexual assault examinations: <http://www.health.qld.gov.au/directives/docs/ptl/qh-hsdptl-029-11.pdf>. All paediatric FMEs should also adhere to legislation and policy around informed decision-making in health care. For more information on decision-making in health care settings, please refer to the Queensland Health guide to informed decision-making in healthcare: [www.health.qld.gov.au/consent/documents/ic-guide.pdf](http://www.health.qld.gov.au/consent/documents/ic-guide.pdf)

### Chain of evidence

The chain of evidence and the need for 'contemporaneous recollection of facts' to aid an investigation is essential. The chain of evidence involves not only the examination of the victim, but also includes the geographic location where the assault occurred, the identification and interview of witnesses and identification of relevant additional evidence. Evidence collected needs to be stored and transported in approved and standardised ways as outlined in police procedures to ensure the utility in a court proceeding. This further emphasises the importance of police involvement prior to an examination being conducted.

Storage and transportation issues need to be considered when undertaking an examination as the inability to safely and correctly store and transport evidence may damage the evidence or make it inadmissible in court in the later stage of an investigation and prosecution.

The doctor or nurse conducting the forensic examination should discuss the case with the police before the forensic examination takes place. This is to ensure that:

- all necessary evidence is collected
- a re-examination is prevented
- unusual evidence is not overlooked.

## Timing and nature of the forensic medical examination

In determining the timing and nature of the FME a number of factors will be considered. These include the time since the assault, the physical and emotional state of the victim and their account of the assault.

This process, particularly if it involves an internal gynaecological or anal examination, can be distressing and the examination may need to be delayed or discontinued on account of the victim's physical and emotional state.

## Presence of police and support person at medical and forensic examinations

Regardless of age, a person is entitled to have a support person present during the medical and forensic examination. This may include a friend or family member, a nurse, health care worker or sexual assault worker, who is not a potential witness.

There is no legal requirement for a police officer to be present during the medical and FME. However, if a victim requests the presence of police, this police officer is to be the same gender as the victim.

A police officer must be present to receive all evidence collected during a forensic examination immediately after the procedure to maintain continuity of the evidence for any potential court proceeding.

## Consent to release information and evidence

The doctor or nurse conducting the FME will not release the SAIK to police without the signed consent of the victim or the capable adult acting on their behalf.

## Access to health records

Health records, including counselling notes, are confidential. However, patients should be notified that any records can be subject to a subpoena or other court-related mechanisms.

## Drug facilitated sexual assault

Where the administration of drugs in the sexual assault is suspected, testing to maximise the chances of detecting these substances should be administered in a timely fashion. However, the decision to test remains a clinical one which is made by the FMO or FNE.

## Victim DNA reference samples

DNA reference samples (usually a blood sample or mouth swab) should be taken routinely as part of the FME.

## Support person during the police interview

Police should inform victims that they may be accompanied by a support person while their statement is being taken. However, the victim must be advised that:

- the support person may not participate in the interview
- the support person may not directly or indirectly influence the interview
- a potential witness may not act as a support person.

## Discontinuance of police action before a proceeding has commenced

Where the victim does not wish to proceed with further police action, police should:

- make clear that following the withdrawal of the complaint no further police action will be taken
- attempt to obtain a signed withdrawal of complaint
- inform the adult victim (18 years and over, only) of the online *Adult Sexual Assault Resource* (<http://www.police.qld.gov.au/programs/adultassault/>) package that provides alternative reporting options

If a proceeding has commenced, the victim's wishes will be taken into account when deciding if the matter will continue.

## Domestic Violence Protection Orders

Sexual assault is one form of domestic and family violence. Where the sexual assault has occurred within an intimate personal relationship (marriage, engagement, couple), family relationship or an informal care relationship, the victim should be informed of their option to seek protection under the *Domestic and Family Violence Protection Act 2012*. In situations where domestic violence has occurred and where protection is needed to prevent further violence, a domestic violence order can be applied for by the victim, by police on behalf of the victim or by another person authorised by the victim. This is done through the Magistrates Court.

Where appropriate, victims should also be referred to a specialist domestic violence service for support and assistance, for example DVConnect Womensline Ph. 1800 811 811 and DVConnect Mensline Ph. 1800 600 636.

## Follow-up and registration on the Victims Register

After the trial and/or sentence, the victim will have the opportunity to talk to the case lawyer about the outcome of the case and the sentence imposed, if any. This opportunity may arise immediately after the trial and/or sentence concludes or at a later time by telephone.

If the offender is imprisoned or placed under the supervision of Queensland Corrective Services, the victim may register their details on the Victims Register which is administered by Queensland Corrective Services. A victim and/or their family or nominee can register to be kept informed about the offender's imprisonment, movement between locations and proposed parole dates. They will also be given the opportunity to make submissions to parole boards when offenders apply.

Where the offender is a young person, the Victim Information Register may be utilised. This register is administered by Youth Justice within the Department of Justice and Attorney-General. A victim and/or their family or nominee can register to be kept informed about the young person's detention, movement between locations and supervised release dates.

If the offender appeals against their conviction and/or sentence or the Attorney-General appeals against the leniency of the sentence, the victim will be kept informed about the progress and outcome of the appeal and any consequential matters arising from the appeal.

Key stakeholders at the local level should maintain current referral information on appropriate support and other community services available. Localised referral pathways and protocols should be developed between key service providers to ensure timely referral pathways for those in need of support.

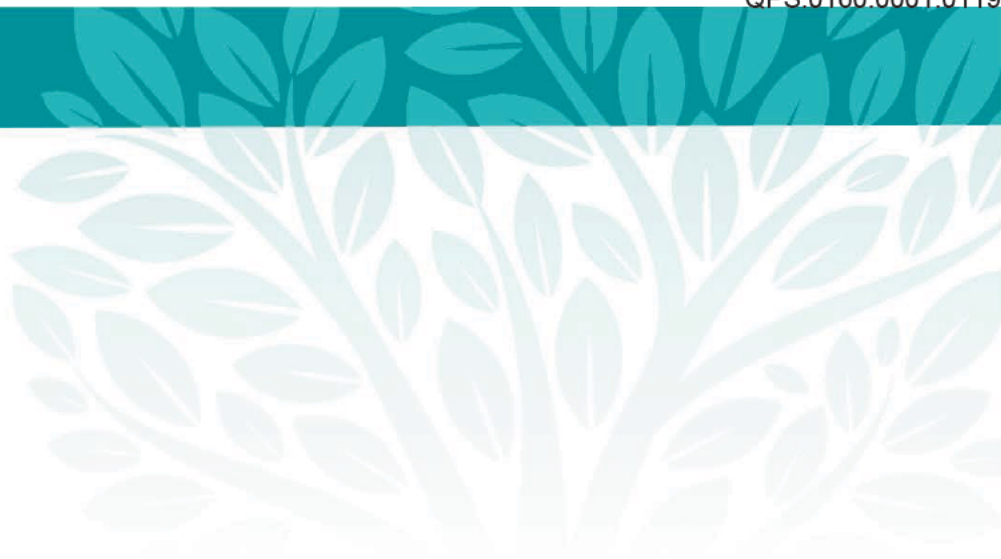


## Conclusion

The government agencies acknowledged in this document (QPS, QH, DJAG and DCCSDS) have committed to the principles, roles, approaches and procedures articulated in the guidelines. This commitment aims to ensure that individuals who have experienced sexual assault are provided with timely, high quality and coordinated service delivery responses appropriate to their needs and appropriate to the role played by departmental officers.

Key service providers are encouraged to use this document as a framework to develop local level arrangements and protocols to ensure best practice, quality service and support to people who have experienced sexual assault.

*The government agencies responsible for the development of the guidelines would like to thank all key government and non-government stakeholders who kindly contributed their knowledge and expertise.*



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