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Professionals' Perceptions of a New Model of Sexual Assault Investigation Adopted by Victoria Police

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Abstract

This article presents a qualitative evaluation of a new method of operation for sexual assault investigation developed by Victoria Police. The model is characterised by two core components: the establishment of specialist teams of investigators responsible for investigation *and* victim support; and the establishment of service sites, referred to as 'Multidisciplinary Centres', where all key services are located in a single building separate from police stations. The research approach consisted of in-depth interviews with 90 stakeholders (police, counsellors, medical officers, child protection workers and prosecutors). Collectively, these interviews revealed strong, unanimous support for the ideologies that underpinned the new reforms. Reported outcomes included the following: improved collaboration; increased victim satisfaction, referrals between professionals and reporting rates; reduced response and investigation times; better quality briefs; and higher prosecution and conviction rates. These findings, along with the stakeholders' suggestions for further improvements, are discussed.

Introduction

This article presents the findings from an evaluation of a new method of operation developed by Victoria Police for the investigation of sexual assault. The evaluation was commissioned by Victoria Police and conducted in 2008, and is based on a pilot version of the model. The new model is characterised by two core components. First, it includes the establishment of specialist teams of investigators, referred to as 'Sexual Offence and Child Abuse Investigation Teams' ('SOCITs'). The principal responsibilities of SOCIT members include sexual assault investigation, victim support and liaison, forensic interviewing of witnesses and suspects, and management of the Sex Offenders Register. In the preceding service model, which at the time of this evaluation was still in operation throughout parts of Victoria, the abovementioned roles were not amalgamated. Specifically, members of the

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'Sexual Offences and Child Abuse Units' ('SOCAUs') were responsible for interviewing and victim support, whereas members of Criminal Investigation Units and Sexual Crimes Squads, depending on offence criteria and workloads, were responsible for the criminal investigation component. Appointment to SOCIT teams at the time of this evaluation required the completion of standard detective training, as well as specialised training in the area of sexual assault and investigative interviewing of child and adult victims.

Second, the new method of operation includes the establishment of service sites referred to as 'Multidisciplinary Centres' ('MDCs'). Two pilot MDCs were in operation during the evaluation period: Frankston and Mildura. These centres incorporate key services involved in the investigation of, and response to, sexual assault and are co-located at stand-alone buildings away from police stations. The key organisations involved in the delivery of services at the MDCs include the following: (a) Victoria Police (SOCITs); (b) Centres against Sexual Assault, which are responsible for counselling and general advice and support to victims;¹ (c) Department of Human Services, which is responsible for child protection investigation; and (d) the Victorian Institute of Forensic Medicine, which conducts forensic medical examinations of abuse victims. Although in the old system² of service delivery Victoria Police members liaised with the other three service providers listed above, victims of sexual assault needed to move between separate sites when obtaining the various professional services. The police service, in particular, was previously provided at local police stations.

The rationale for the development of the new SOCIT and MDC model arose primarily from the Victorian Law Reform Commission (2004) final report on sexual offences, which was tabled in the Victorian Parliament in July 2004. The report documented widespread concerns about low reporting, prosecution and conviction rates for sexual assault in Victoria, and the high attrition rate of reported cases. The highly critical report referred to widespread anecdotal concerns that the previous service model suffered from fragmented, inadequate and inconsistent service delivery. The stress that victims suffered was exacerbated by having to repeat their account to numerous service providers. The report also emphasised the prevalence of poor police attitudes toward sexual assault investigation. Attitudes of scepticism and disbelief toward victims³ were prevalent among sexual abuse investigators, many of whom perceived that a high percentage of reported rapes were false. Overall, the Victorian Law Reform Commission recommendations included the need for the following: increased specialisation of investigators; improved working relationships between key players; and a response that was more cognisant of the context of sexual abuse and the challenges faced by victims.

The guiding philosophy underlying the two core components in the new service model is that they enable more coordinated, efficient and specialised responses, thereby increasing victim reporting rates, optimising victim recovery and facilitating high quality briefs of evidence (Victoria Police 2005). After an initial stage of conceptual development, the program was piloted at two sites: one metropolitan and one regional. One MDC was based

¹ The acronym used to refer to these centres differs across regions. For example, Southern Eastern Centre Against Sexual Assault, which is the centre based at the metropolitan MDC, is referred to as SECASA. In this report, however, where anonymity of individual stakeholders needs to be maintained, the acronym CASA will be used to refer to all of the counselling services provided at the MDCs.

² The term 'old' is used for ease of presentation. At the time of submitting this article there were only three MDCs operating across the state. The new system was only available at those sites.

³ Consistent with other reports (for example, Heenan and Murray 2006), the term 'victim' will be used interchangeably with 'witness' irrespective of whether the case of assault had been substantiated.

at each pilot site. At the time of this evaluation, the professionals servicing the MDCs included SOCIT investigators, counsellors and, in the case of the metropolitan site, child protection workers. Further, each site contained facilities to conduct medical examinations of victims on a needs basis by members of Victorian Institute of Forensic Medicine. The responsibility of the SOCITs involved alleged penetrative offences against adults and children committed in the service area. Indecent assaults of a sexual nature against adults and children and physical abuse of children were still being managed by SOCAU members located at the police stations in the pilot sites.

At the time this evaluation commenced, the new SOCIT–MDC system had been operating at the pilot sites for approximately 18 months. This evaluation consisted of in-depth interviews with key stakeholders, including professionals involved in the MDCs, managers and senior executives across all of the organisations that had participated in the reforms, and legal professionals. These stakeholders were invited to speak about the perceived strengths and weaknesses of the new model, its impact relative to the prior system of operation, and any concerns or challenges they anticipated in relation to a potential roll-out of the model across the state. Police professionals were also interviewed at two comparison sites that were deemed to be similar in population and sexual offence rates to the regional and metropolitan sites. Interviews were conducted in these regions to identify the level of support, biases and concerns (if any) among those police members who had no direct experience with the system, but who could potentially be impacted in the event of a roll-out.

Overall, the purpose of conducting the stakeholder interviews was twofold. The first aim was to determine whether the new model of service delivery was associated with improved attitudes and quality of service delivery to victims of sexual assault. While stakeholders' perceptions do not provide objective evaluation of the model, they nonetheless provide one important indicator of how well the system is operating and the commitment of those who implement it. The second aim was to identify key issues for Victoria Police to consider, which may assist in maximising the success of the model in the long term. We conducted in-depth, face-to-face interviews, which are relatively time consuming compared to surveys, to gain a thorough understanding of the reasons underlying stakeholders' concerns and the assumptions that underpinned them. Further, given the paucity of prior evaluation research on co-located models of service delivery and the fact that this reform is such a significant change to the previous way of operating, a non-directive and elaborate method of inquiry was deemed most appropriate.

Method

Participants

The participants included 90 professionals who provide services to victims of sexual assault in Victoria. Importantly, the specific professions represented in the current evaluation cover *all* aspects of service delivery, including counsellors (Centres Against Sexual Assault and Victim Witness Assistance Services), child protective interveners, operational police officers (ranks ranging from Senior Constable to Senior Sergeant), police senior management (ranks ranging from Inspector to Deputy Commissioner), forensic medical officers employed by the Victorian Institute of Forensic Medicine and members of the Office of Public Prosecutions. Most of the stakeholders involved had extensive experience in the area of sexual assault prior to the implementation of the new system.

Table 1 provides a list of the positions and locations of the various professionals who were interviewed for this research. A diverse sample of key stakeholders from each professional group was recruited on the following basis:

- (i) professionals with direct experience of being co-located within an MDC;
- (ii) police members whose former or current roles may be impacted by the reforms;
- (iii) members with high-level operational or managerial responsibilities who are associated with the new reforms;
- (iv) members of the SOCIT Project Team and the Sexual Offences and Child Abuse Coordination Office (Victoria Police); and
- (v) professionals from independent agencies who assist with and facilitate the judicial process (ie, members of Office of Public Prosecutions, Child Witness Service, Victorian Institute of Forensic Medicine).

Table 1: Stakeholders' roles and locations

| | | <i>Metro</i> | <i>Rural</i> |
|------------------------|---|--------------|--------------|
| Pilot sites | Police senior management | 4 | 3 |
| | SOCIT detectives | 6 | 4 |
| | SOCIT personnel (administrative) | 2 | 1 |
| | Counsellors | 6 | 5 |
| | Child protection workers | 2 | 3 |
| | SOCAU | 4 | 4 |
| | Criminal Investigation Unit | 2 | 2 |
| Comparison sites | Police senior management | 2 | 2 |
| | SOCAU | 1 | 2 |
| | Criminal Investigation Unit | 2 | 2 |
| Other key stakeholders | SOCIT project team | 4 | - |
| | Sexual Offences and Child Abuse Coordination Unit | 4 | - |
| | Sexual Crimes Squad | 6 | - |
| | Specialist Sexual Offences Unit (Office of Public Prosecutions) | 3 | - |
| | Child Witness Service | 1 | - |
| | Forensic medical officers | 3 | 1 |
| | Counsellors | 9 | - |

Nominated stakeholders were individually invited, in writing, by the Deputy Commissioner of Victoria Police to partake in the current evaluation. Of the 104 professionals invited, 14 (from various regions, agencies and police units) declined to be involved due to their inability to attend an interview. Given the large number of stakeholders consulted, data saturation — when no new information was being obtained about the topics of inquiry (Sim and Wright 2000) — was unequivocally reached. To preserve the anonymity of stakeholders, only broad descriptors were used when providing quotes to illustrate their views. Further, any identifying information was removed from quotes, which were also corrected for minor wording or grammatical errors where appropriate.

Procedure

All interviews were administered by members of the research team (Rebecca Wright and Rita Cauchi). These ranged in duration from 14 to 87 mins ($M = 40$ mins, $SD = 17$ mins) and were conducted between the months of August and December 2008. The majority of interviews were conducted face to face at the stakeholders' places of occupation. For logistical reasons, however, a small proportion was conducted by telephone.

Each interview commenced with a broad open-ended question, which invited each professional to reflect generally on their impressions of the new reforms. Subsequent lines of inquiry addressed the following: (a) factors integral to the success of SOCITs and MDCs; (b) the perceived impact of the new reforms; (c) subjective experiences of being co-located with other professional agencies; and (d) future concerns, considerations and support for a roll-out of the model of service delivery. Police stakeholders at the comparison sites were asked to reflect on the process of conducting joint investigations of sexual offences and to relay their perceptions of the new model and its likely impact in the event of a roll-out.

Importantly, a number of steps were taken to ensure that the stakeholders had the autonomy to direct the discussion towards experiences and concerns that were personally relevant to them, and to attribute their own meaning to these experiences. First, the themes outlined in the interview schedule were broad in nature. Second, a recursive or conversational style of interviewing was used, allowing the researchers (interviewers) the flexibility to pursue lines of inquiry raised by the stakeholders, including those that were not outlined in the interview schedule. Third, the interviewers were largely passive, asking only broad open-ended questions to encourage further elaboration and to seek clarification. Finally, the interviewers were allowed some discretion in the order and manner in which questions or issues were raised, to facilitate the smooth communication of ideas.

Data management and analysis

All of the interviews were audio taped, transcribed verbatim and double-checked for accuracy. The interview data was organised, coded and analysed using principles of grounded theory (Glaser and Strauss 1967). That is, the themes were inductively derived and grounded within the dataset. Integral to the grounded theory approach, data collection and analysis occurred simultaneously. Soon after each interview was conducted, the interview was transcribed and coded for key themes. Further, the coding process was collaborative in nature; the two researchers (authors) independently read all of the interview transcripts and then met to identify common themes, to develop a coding protocol, and to discuss new areas of interest that could be followed up in subsequent interviews. Such discussions aided in refining the coding protocol to ensure that it adequately captured the content of the interviews.

Results

The overriding perspective to emerge from the interviews was the strong, unanimous support for the ideologies that underpinned the new reforms. All of the stakeholders who took part in the reforms expressed at the outset that the adoption of a multidisciplinary, ‘victim-centred’, ‘one-stop shop’ model of service delivery was a major step forward in the service delivery to victims of sexual assault, and towards maximising legal outcomes and victim wellbeing. Further, professionals who had insight into the impact of increased specialisation of SOCIT members — namely, police professionals and members of the Office of Public Prosecutions — overwhelmingly perceived that having a qualified police member undertake the entire investigation, from the initial statement to brief authorisation, ensured a more streamlined and user-friendly system for victims. Clearly, the professionals portrayed a genuine commitment to providing better outcomes for victims of sexual assault and perceived that the reforms had greatly assisted in this endeavour.

I’ll be honest, I would struggle to go from here back to the old way of doing things ... It would be like jumping out of a VW into a Ferrari and then having someone take it away from you ... It’s an integrated service and everyone is working together in providing the best outcomes ... I am so passionate about [these reforms] because we can see the benefits of what we’re doing. Being part of the reform gives me tremendous professional satisfaction. (Police member, pilot site)

We’re all in it for the same reason — we want the services to work well and to achieve the very best outcome for victims of sexual assault. So from that point of view, everyone is on the same page. (Forensic medical officer)

I have a very positive view of this reform ... It’s an ideal set up. We’re working together now. (Counsellor, pilot site)

Core features underpinning the success of the new model

Across all interviews, four interrelated elements of the new system were highlighted as being distinct features of the reforms. These elements are co-location of key services, the adoption of a neutral independent service facility, increased specialisation of police, and strong organisational commitment and support. Each element is now described in turn.

Co-location of key services

The issue of co-location of services was a major focus of the interviews. It represents such a stark change to the way that services have traditionally been offered, particularly in the metropolitan region. Also, inter-agency collaboration is an integral component of service delivery. Having ease of proximity, accessibility and co-location of multiple services under the one roof was considered to be a major strength of the new model, making it possible for victims to access a range of services with much greater ease.

Overall, the stakeholders reported four interrelated benefits of co-location. First, they perceived that referrals between professionals, particularly between counsellors and police, had increased under the co-location model. This was attributed to professionals’ enhanced knowledge and rapport with other service providers. It was also attributed to the fact that victims who are hesitant about reporting, due to negative stereotypes of police or uncertainties about legal process, can meet police informally in a supported environment prior to making a decision about whether to report offences.

The mere fact that we're all here now [co-located] means we can say, "Look, we've got some very good police people here. You're under no obligation, but why don't we just get one of them to come in and have a bit of a chat about what might happen if you were to tell your story..." And they've typically agreed whereas previously, when we'd said, "Why don't you go over and see someone at the Police Station?", they'd say, "No way!" (Counsellor, pilot site)

The ability to meet the [police] officer informally before reporting, and particularly the officer who will be following through on the case, is really important, I think. There isn't a single client [under the new system] who hasn't said, "Oh gosh, he didn't look like a police officer", or, "Oh gosh, he was so nice and personable". I don't know about other counsellors' experiences, but mine have all been really good experiences. Observing the respect they [SOCIT members] have shown to clients has shaped the way I relate to them as well because I feel comfortable working with them. (Counsellor, pilot site)

The second major advantage of co-location reported by the stakeholders relates to the more direct and immediate manner in which matters or queries are being dealt with. When professionals are co-located it is easier to schedule impromptu meetings or case conferences, which in turn facilitates rapid decision-making.

Clients often ask me legal questions, or they'll ask, "Why are the police doing this?", "What's happening with the case?", or, "Could this happen if it goes to court?" Having a closer working relationship with the police means that I'm more in the loop and subsequently better able to answer these questions. But if I can't answer them, all I have to do is walk down the hallway and ask one of the guys to come into the room — they're always willing to just drop what they're doing, come and sit in the counselling room and answer questions if needed. (Counsellor, pilot site)

Even the time to get on the phone and make an appointment is a deterrent. Now you can just walk over to someone's office and say, "Listen, we've got this job. What do you know about it?" Then all of a sudden you're talking about the case over a coffee, formulating a plan and a response to the job. (Police member, pilot site)

The more rapid form of information exchange was reported by professionals across all stakeholder groups, but its benefit was particularly emphasised by those at the metropolitan pilot site where the Victorian Department of Human Services (DHS) was co-located. As protective interveners, both police and the DHS are required to work collaboratively and to notify each other of cases where children are deemed 'at risk'. Delays in response time due to DHS procedure have been a common source of frustration for police members over the years. In the old child abuse investigation model, police officers are required to notify a *centralised* intake team within DHS of any new referral, and the intake team subsequently refers the case to a particular team within DHS. In the new system, any 'notifications' requiring joint DHS-police investigation can be *directly* received by the DHS team located on-site. The more immediate referral procedure evolving from co-location was perceived by police and DHS workers to increase the efficiency of case management and victim wellbeing.

The third reported benefit of co-location was enhanced collaboration during case management, both within and across organisations. This was emphasised not only by those professionals located within the pilot sites, but also by those in the comparison sites who expressed that inter-agency tension and poor communication between professionals were major problems under the old system. Co-location was reported to enhance collaboration due to increased opportunities for case conferencing, networking and rapport-building between staff, which in turn facilitates group cohesiveness. Informal, as well as formal,

networking was perceived to be critical for improving understanding of and respect for the unique roles and responsibilities of each partner agency, and for identifying precisely how professionals could assist one another.

You just can't beat the ease of communication that comes from being co-located and ... the relationships that have formed by working together every day ... You become familiar with each other. You get to know how people work and how they don't work. (Police member, pilot site)

Although there are [non-pilot site] areas within Victoria where there's already strong relationships between partner agencies, the understanding of the roles, responsibilities and capabilities of different agencies is much greater when you co-locate — the shared understanding becomes explicit. (Police member, pilot site)

The professionals located at the pilot sites were able to provide numerous examples to illustrate how inter-agency collaboration had improved. Professionals at the metropolitan pilot site spoke of more deliberate case planning between DHS and police, as well as greater sharing of case-related information (where appropriate). Professionals at both the metropolitan and regional pilot sites spoke of greater sharing of resources and administration of personnel under the new system. Further, police officers spoke of the benefits of the counsellors' unique relationship with victims in helping victims to process their disappointment when a decision was made not to progress a case to prosecution. Under the co-location model, police members are able to inform the victim of the decision whilst also in the presence of their counsellor, who could offer additional support to the client. Police officers and counsellors also spoke generally of the benefits to victims of being able to access police and counselling at the one site.

Whether they [victims] are coming in to make a statement or going straight from a counselling session to meet with the police to talk about things, we can be on hand straight afterwards to meet with them if they're a bit upset or just want to debrief ... I think it's better to have the support of their counsellor ... We're there to pick up the pieces and to make sure that the support follows through. (Counsellor, pilot site)

Under the new way the victims' families feel more secure and confident. I can see that more victims are willing to make statements here on the grounds that the statement is made in the same environment where they feel comfortable, accepted and supported. Also the environment is more familiar because they've been coming here for counselling, and familiarity in itself can reduce feelings of unease. (Police member, pilot site)

The final benefit of co-location was that the police presence provided a safer environment for counsellors to work. In particular, one counsellor spoke of a situation in the previous model where she had been threatened by a client's associate who attended the site. The police presence in the building was reassuring to this counsellor because she knew that she could elicit immediate assistance if needed.

Apart from the initial financial outlay, few disadvantages of co-location were mentioned and all concerns were largely speculative in nature. One police member at a comparison site was concerned that confidentiality would be a problem under the new model because there was often information related to cases that police members were not permitted to share with caseworkers from other organisations. A forensic medical officer suggested that co-location provided an implicit message to victims that they *must* access all services, as opposed to being client directed (that is, at the victim's discretion). Several professionals commented that some clients might avoid attending counselling because they did not want to see police

or be seen entering a place where police were based. Finally, one police professional at a comparison site suggested that co-location could potentially lead victims to be confused about the roles of various professionals located at the MDCs. Importantly, none of these concerns were reported by professionals who had been working at the pilot sites. To the contrary, these stakeholders emphasised how co-location had improved victims' participation in and understanding of the various professionals' roles.

The adoption of a neutral independent facility

Another positive element of the reforms identified by stakeholders at both pilot sites was the 'stand alone' and independent nature of the MDCs. The MDCs are located in buildings separate from police stations and other pre-existing service facilities, whereas under the old model, SOCAU members are located at police stations. Anonymity is facilitated at the pilot sites by the fact that from the exterior the nature of the service is discrete. Further, marked cars are not parked on-site and all police members wear plain clothes such that victims would probably not be aware that police officers occupied the building, even after entering, unless they were directly informed of this. Collectively, these factors were perceived to assist in the creation of a neutral, safe, confidential and non-stressful form of service delivery that facilitated the reporting of sexual assault, the emotional wellbeing of victims and the progress of sexual assault cases through the justice system.

I think the number-one aspect [of the new model] is that it is housed away from the police station. That's probably one of the biggest barriers to people reporting these types of offences — the fact that they need to go to a police station with other people around and talk about something that's very personal and sensitive to them and at times traumatic. The environment here [at the MDC] is very non-threatening and non-judgemental as they're not fronting up with uniforms and cameras everywhere. I never really thought [when working in the old model] that having to go to a police station was a barrier for victims, but I can really see that now. (Police member, pilot site)

In country environments where you're policing in a "gold fish bowl", so to speak, there's increased risk of word about the case getting around due to cross-pollination of information. If you keep the [sexual offence] police separate [by locating them at an MDC], there is less chance of leaking to the general community and less likelihood of victims seeing people they know in a non-professional capacity. (Police member – pilot site)

In addition to providing a victim-friendly service, SOCIT members commented that being located at an independent service facility positively impacted their productivity by minimising distractions or competing demands that arose from working at a station where police need to respond to a range of offence types.

You've got to be away [from the police station] to do this job. At the police station there are too many distractions. Someone will say, "We're doing a drug warrant — have you got a moment to give us a hand?" The next minute you're doing something else. You just won't be able to give the job your 100 per cent attention, which it needs, if you were based at the station. (Police member, pilot site)

When historical sex crimes and cases of minor sexual assault are handled by divisions who deal with a range of serious offences, these cases are basically put on the backburner — not because investigators don't want to do them but there are crimes occurring day in, day out, that require an urgent response, like search warrants, which can't be put off. (Police member, Criminal Investigation Unit)

The geographic segregation of the MDCs to police stations and other facilities (for example, hospitals), however, was also perceived to come at a cost. Several police members were concerned about the risk of fragmentation within the police service, although this risk was minimised in part by the continuing need for SOCIT members to attend the police station to interview suspects.

I don't want to lose contact with the other [police] members that I work with and this tends to happen a bit. It's like you need a building that can have two different doors ... one for the offenders and members at the police station and the other where Centres Against Sexual Assault, SOCIT and Department of Human Services can enter with the victims. It's important for me as a police person to keep in contact with others at the station ... I need to try to go there more often and say, "G'day". ... I miss the interaction with them. Maybe it's just a personal thing. (Police member, pilot site)

Further, forensic medical officers associated with the metropolitan site held that the quality of their service is compromised if it cannot be offered on the campus or in the vicinity of a hospital or major health service site. Whilst the pilot site locations are set up with appropriate facilities to enable forensic medication examinations to be conducted on-site, medical professionals who service the metropolitan site expressed concerns about lack of medical management on-site and necessary restrictions on the functions performed at MDCs (for example, dispensing of medications, and the lack of immediate access to a hospital including an Emergency Department and other acute medical services). These professionals did not dispute the importance of minimising the time taken for victims to access services, which occurs when all facilities are located at the same service site. Rather, they felt that the need to eliminate travel did not outweigh the need to optimise expert medical service delivery.

We do have some reservations about victims, especially in that early acute phase, being seen off campus from a hospital because they're not attached to medical facilities ... There are quite large safety issues and concerns, physically and psychiatrically, for the victims and also the people who attend the units. (Forensic medical officer)

We need to further explore whether the medical people actually sit in this unit or not ... I think everyone would agree that if you could find something which balances the ability to provide a service that's of use and ease to somebody with the expertise and the specialist nature of the work, and resources, and location, etcetera, then we're on to something. For us, it's about finding that balance. (Forensic medical officer)

The other issue raised by medical practitioners who serviced the metropolitan region was that providing a medical response at the independent service site significantly reduces the pool of available medical practitioners who are willing and able to offer this service. Recruitment of medical practitioners is not an easy pursuit because of the unfavourable work conditions — for example, night-time examinations, attendance at court and the demanding nature of the work. Further, these professionals reported that there were ensuing occupational health and safety concerns for medical practitioners who were required to travel to different service sites across the ever-expanding Melbourne metropolitan region.

In contrast, several police professionals disagreed that immediate access to a hospital and staff recruitment issues provided sufficient justification for asking victims to drive to a separate service centre to receive their medical examination — especially immediately after the incident, which is a period of heightened stress for victims. Collectively, these professionals came to the following conclusions: (a) the majority of victims who present to the MDCs do not actually require emergency medical facilities and, if they did, they could

be immediately transferred to hospital; (b) no complications have arisen from the provision of on-site medicals at the regional pilot site; and (c) shortage of medical staff could be accommodated by recruiting the assistance of specially trained nurses.

One of the concerns is whether they [forensic medical officers] can actually provide appropriate levels of care because they don't have access to emergency staff and hospitals. Our answer to that is, if it's a medical emergency, they [the victims] go to hospital. There's no argument about that. But the evidence is that for most of the people who come and see us it's not a medical emergency. (Police senior management)

Increased specialisation of police

The high level of specialisation of the SOCIT members was considered by stakeholders to be a critical feature of the new model of service delivery, receiving support from all of the stakeholder groups. As mentioned in the introduction, SOCIT members conduct interviews and criminal investigations, as well as provide victim support. This represents a unification of the roles traditionally carried out by SOCAU members and Criminal Investigation Unit detectives. Further, unlike members of the Criminal Investigation Unit, SOCIT members focus solely on sexual offences. The benefits of the combined role and specialisation of SOCIT members were identified by numerous stakeholders. This included police members at pilot and comparison sites, members of the Criminal Investigation Unit (who recognised that sexual abuse investigation was particularly resource intensive), members of the Office of Public Prosecutions, and police who had direct experience of 'specialised' service delivery in relation to other offence types, such as armed robbery.

Overall, the perceived benefits of the SOCIT member profile were threefold. First, the model provided a more *streamlined response* to victims of sexual assault, as victims only needed to liaise with one police person throughout the investigation. Having only one investigator responsible for the case was perceived to provide greater continuity of care, to reduce the need for victims to repeat their story to multiple professionals and to ensure that victims and related professionals were well informed about the status of the case and the effort invested in the victim's care.

I think it's just the general understanding of the public that if you report sexual assault to police you have to tell your story on numerous occasions. But that's one of the advantages of the way it is now. We can say, "If you report to police then the chances are that the police officer you tell your story to today will be the one that follows it all the way through". (Counsellor, pilot site)

The outcome at court for victims isn't as important as being treated with respect and dignity by people in authority. But with the current system what quite often happens is that the SOCAU member does a great job initially to instil confidence in the victim, but then the investigation goes to a different area and [the victim gets] very little follow up or assistance. The continuity of that service is lost and subsequently confidence in the victim is diminished. (Police member, comparison site)

One police stakeholder from a pilot site felt that when victims were well informed during the investigation process, they became more accepting of the advice provided by SOCIT investigators, even if such advice was contrary to their expectations or desires. Other stakeholders emphasised that the more streamlined response maximised victim wellbeing and reduced loss or contamination of evidence. Although contamination of evidence is a risk with all offence categories, it is particularly problematic in sexual offences, where the victim's statement is usually the only available evidence.

The second advantage of the combined SOCAU–detective role is that SOCIT members produce better quality briefs of evidence. The production of better quality briefs is achieved through a greater appreciation of the elements that need to be covered in the interview, and a better understanding, through face-to-face contact, of the victims’ experiences and difficulties in reporting. Not all stakeholders interviewed were of the opinion that co-location would produce better briefs. Indeed, some police members speculated that specialisation of police might make police members too insular, and that conducting investigations in an objective or impartial manner might be harder due to officers becoming ‘emotionally involved’ in cases. However, this speculation was not supported by SOCIT members, who reported that having personal knowledge of what the victim had experienced was a distinct advantage compared to merely reading a statement taken by someone else. Importantly, members of Victoria Police responsible for authorising briefs (for example, local crime managers), and members of the Office of Public Prosecutions who regularly assess briefs prepared by SOCIT investigators, did not support speculation about a decreased quality in investigations. Collectively, these stakeholders held that briefs were of a consistently higher standard compared to those received prior to the implementation of the SOCIT model, and that the charges proposed by SOCIT investigators were less likely to be overturned or challenged.

The briefs [of SOCITs] are definitely better. They tend to be smaller. They tend not to subpoena information that’s irrelevant. The charges are more likely to be correct because they know what they are looking for. They’re more familiar with the law. They are more forensic in their approach to the investigation. Specialisation clearly leads to better outcomes. A significant aspect is that now you have investigators who are actually doing the record of interview and that is a huge shift ... Because they have conducted both [the interview and investigation] they are more in tune as to what the evidence is. (Prosecutor)

The final reported advantage of combining the SOCAU and detective role relates to a reduction in the number of inappropriate requests from police members for advice from members of the Office of Public Prosecutions. This includes advice related to operational and investigative decisions to which prosecutors should not be privy. Importantly, there was recognition by prosecutors that SOCIT members are far less likely than other police members to seek such operationally based advice.

One of the things I’ve been doing for a number of years is documenting what we call “advices”, written and oral advices ... And they’re often in relation to operational investigative decisions and that’s just not our function ... It puts us in a very difficult position sometimes as prosecutors because we should not be privy to the investigative decision-making process which goes into the brief of evidence ... And that’s where I think the SOCITs get it right more. You don’t get that degree of request for assistance on an operational basis because they’re more specialised. They’re going to be making their own investigative decisions and they’re not relying so heavily on us to make some of the tough decisions. With the SOCITs, we’ve had a lesser degree of involvement in the investigative process, which is a good thing because it means they’re getting it right. (Prosecutor)

Importantly, the apparent reduction in police members seeking advice from prosecutors about operational issues was not associated with poorer collaboration with prosecutors in general. Indeed, some members of the Office of Public Prosecutions reported that SOCIT members appeared *more* willing to consult with their agency at an earlier stage about the most suitable charge, which is entirely appropriate and saves a lot of time down the track.

Further, while the number of reviews⁴ had increased in recent times, few of these involved SOCIT investigators. According to members of the Office of Public Prosecutions, this finding provides added support for the assertion that there is better management of victims by SOCIT investigators.

In the past there has often been a breakdown of communication between Victoria Police and the complainant and that sometimes leads to a review being sought. But there's been only one review involving a SOCIT member that I can remember. That in itself reflects better management of victims. (Prosecutor)

Collectively, the three abovementioned benefits of the combined SOCIT–detective role were perceived to increase victim reporting and decrease the delay between the initial complaint and charge compared to those investigations conducted in the old system. A quicker process was seen to improve victim wellbeing and also benefit prosecution.

One thing that is very noticeable is that the delay between complaint and charge is enormous with sex offences. I did a snapshot over February and March ... I tried to identify cases where there was a period of greater than six months between complaint and charge. Only one came from the SOCIT and that was because they inherited the file. This in itself is another important indicator of success because delay hurts the prosecution of sex offences. (Office of Public Prosecutions)

Strong organisational commitment and support

The organisational support of Victoria Police and other agencies located at the MDCs was perceived by stakeholders to be integral in realising the new model's potential to improve service delivery to victims of sexual assault. In particular, many police professionals described the SOCIT investigators as being in a privileged position, in the sense that for the first time they are truly being given the time, resources and professional development to investigate sexual assault cases properly. In return for this investment, the professionals felt they provided unprecedented commitment to the model and enhanced the quality and efficiency of investigations.

Improved resourcing at the pilot sites, however, should not be taken to mean that the current level of resourcing is adequate. The police managers at both pilot sites gave the impression that they were just 'keeping afloat'. Increased resourcing was considered essential in future workload models if the current level of service were to continue. Increases in workloads since the commencement of the trial were partly attributed to increases in victim reporting and the demands of court appearances on SOCIT investigators whose initial cases are only just starting to appear in court.

Concerns or factors to consider in a roll-out of the pilot program

Despite the positive perceptions of the reforms, several challenges or concerns were raised, as well as suggestions about ways the model could potentially be improved. These challenges are discussed under several headings: resourcing; selection of SOCIT staff; geographic location and building design; maintaining strong collaborations between service providers; and strong management.

⁴ A review is a formal process whereby victims have the right to appeal the decision of Victoria Police to not authorise a case for criminal prosecution.

Resourcing

The most salient concern of stakeholders regarding the sustainability of a roll-out of the SOCIT–MDC model across Victoria was funding. This issue was raised by a range of service providers, but particularly senior police members who were responsible for budgets and allocation of resources. These persons were aware of how resource-intensive the pilot program had been, in terms of both infrastructure and staffing.

The biggest hassle is money — it's got to come from somewhere. There needs to be rented accommodation across the state, additional cars, staff on call every night, training ... That's money all currently provided for out of the pilot not our operational budget.
(Police senior management, pilot site)

Police stakeholders in remote areas were concerned that if population determined the number and location of SOCITs, then a tiered model of service delivery would result that would disadvantage persons in remote areas. Police stakeholders in the metropolitan region were most concerned that inadequate resourcing would lead to 'cutting corners' (for example, eliminating investigative interview training) or staff burnout. Several suggestions were made about ways to cut current costs without a reduction in productivity. Suggestions included the following: (a) the use of unsworn members, who work at a lower rate of pay, to assist SOCIT investigators with administrative tasks; (b) the provision of an after-hours response service, which was calculated by one SOCIT manager to be more cost-effective than maintaining night-shift staff; and (c) better training of investigators, which maximises work productivity.

Selection of SOCIT staff

Stakeholders across all organisations emphasised the critical nature of ensuring appropriate selection of staff. Police members, in particular, perceived that not all police were well suited to sexual assault investigation, and that the success of the new model of operation would depend on selecting the right people to fill SOCIT and team manager positions. Appropriate people were perceived as those with a genuine desire to succeed in their roles and the right personal qualities to do so.

Picking the people is crucial for this to succeed. Unless you actually have the right personality, the right passion, and belief in dealing with victims it won't work. You need to have people who are compassionate and who can show empathy towards victims as well as being able to investigate. (Police member, pilot site)

Presuming police managers can identify the desirable qualities or experience in potential SOCIT candidates, stakeholders raised the question of whether there were sufficient procedures or tools to detect which individuals actually have the desired features. Stakeholders perceived that individuals needed to be able to function well within a team, be adaptive to new ways of thinking and be resilient. However, they also perceived that such qualities were difficult to detect in job interviews, especially given restrictions imposed by human resources departments. Another question related to the issue of staff rotation: should limited tenure be enforced to prevent burnout? Opinions in relation to this issue varied markedly among stakeholders.

This type of investigation is very emotional and taxing. It's important not to place people on the front-line consistently where they just burn out — we need to give them downtime as well.
(Police member, Sexual Crimes Squad)

Some police have done 20 years responding to sexual assault and still love going into work each day. If someone is very good at it and enjoys it, why would you want to lose that expertise? (Counsellor, pilot site)

Geographic location and building design

Several stakeholders acknowledged that geographic location and building design were important considerations in any roll-out of the MDCs. However, opinions varied with regard to what criteria should be considered. Several police professionals suggested that future MDCs should be located in major regional centres, whereas others concluded that placement should be determined by workload analysis and reporting trends, rather than divisions/regions. There was some concern from police in regional areas about whether any roll-out of the model should, or could, include their areas due to funding restraints. Apart from the metropolitan forensic medical officers, who emphasised that MDCs should be based on or near major hospital sites, non-police stakeholders did not offer firm suggestions regarding location. They merely highlighted the importance of ongoing and extensive consultation between Victoria Police and other organisations.

With regard to the design of the MDCs, stakeholders addressed the need for victim-friendly entrances that minimised the police presence, more accessible secure parking, adequate soundproofing, and storage and floor space to allow for growth of staff numbers. One police stakeholder suggested that, given the particular needs of the various professional organisations, it would be more cost-effective to design and build a new MDC, rather than to completely remodel an existing building, which was the case with the current MDCs. Some staff also talked about the need for a work environment that established a compromise between encouraging staff collaboration and addressing issues related to security and confidentiality of data. Another reason for segregated work areas related to the different cultures, ways of coping and personalities of members of the agencies. Some professionals felt that having segregated work areas facilitated collaboration. The physical boundaries served as a reminder of professionals' distinct roles and expertise, and also provided professionals from the same organisation with a place to retreat for debrief sessions when needed.

Maintaining strong collaborations between service providers

Stakeholders emphasised that the success of co-located service delivery is dependent on the continuing goodwill and commitment of participating agencies. It was said that without continued investment in maintaining good relationships across and within industry sectors, the system was not likely to function well in the long term. Ongoing consultation and debate were perceived by stakeholders to be the key elements for successful collaboration. Although most stakeholders acknowledged that co-located service delivery had increased collaboration between professionals, all recognised that co-location in itself was not synonymous with good collaboration and that continued investment in building and maintaining relationships was required.

In a purely physical sense, co-location is easy to achieve. You just build a house with four walls and a roof and put everyone in it. However, bringing a number of professional groups together to function in a coordinated kind of way is not so easy. Problems are inevitable when you have people from very different backgrounds under the one roof. Matters of communication and integration continually arise that need to be dealt with — but, yes, they can be overcome. It's a work in progress. We're all still learning about working together and

must continue to improve on it, but I reckon we've come an enormously long way.
(Police member, pilot site)

Several professionals felt that sufficient inter-agency cohesiveness had not been achieved by co-location. Conflicts were reported to have arisen from a number of situations: (a) professionals perceiving that their own perspectives were being devalued; (b) insufficient communication between professionals about the process and outcome of investigations; (c) different perspectives among professionals regarding the credibility of a particular witness; and (d) a perception among certain individuals that others were trying to take control of the process and restricting people from fulfilling their roles correctly. Professionals who had reported conflict emphasised the need for more regular team meeting, informal liaison and case discussions between professionals across organisations. One counsellor commented that although formal case conferencing and team-building sessions had been scheduled at the metropolitan site, these meetings were too infrequent to be of any long-term benefit. Another counsellor complained that the importance of 'informal socialisation' or exchange had been underestimated by SOCIT members, which contributed to reduced staff morale.

Opinions about whether current collaboration was adequate, however, varied markedly among professionals. While some professionals commented that informal socialisation between different professionals (for example, shared coffee breaks) was an asset of being co-located, others felt that requests to engage informally with persons from different organisations had not been accepted or reciprocated. Some professionals suggested that collaboration would be facilitated if staff had a formal system for debriefing when interpersonal conflicts between different professionals arose. Tensions arising from communication issues were not restricted to 'front-line' workers, and also arose from differences in expectations regarding the role of managers and the nature and level of their involvement and feedback, particularly during the stage of initial implementation.

Strong management

The final aspect that professionals mentioned as being critical to the success of the reforms was strong strategic and centralised management to ensure consistency and high-quality service delivery. The need for strong management was reported by professionals from all organisations, but particularly police, who emphasised the important role of management in maintaining high staff morale and productivity, and attracting competitive SOCIT applicants. One police member complained that inconsistencies in commitment between local managers had been a weakness of the traditional SOCAU system. This person explained that although the Sexual Assault and Child Abuse Coordination Office had provided guidance in terms of policy, training and procedure (which is their role), they had no influence over what local management did, which led to a disparate quality of service delivery across the state. Some professionals suggested that corporate management needed to take a greater role in ensuring adequate consultation when designing reforms, to ensure that proposed reforms were actually implemented in the manner expected and that the public was made aware of their organisations' efforts at improving services.

Discussion

The overriding impression from analysing the stakeholder interviews, and particularly those with SOCIT members, is that the SOCIT and MDC reforms are contributing to a major improvement in attitudes of co-located police towards victims of sexual assault. This

conclusion is based on a comparison of the current findings and those of the Victorian Law Reform Commission (2004) evaluation. While the Victorian Law Reform Commission revealed widespread attitudes of scepticism, suspicion and disbelief among detectives when responding to allegations of sexual assault, the themes arising from the interviews with SOCIT members reported in this article, like those of other stakeholders, all centred on the importance of providing victims with dignity and respect. Stakeholders emphasised the importance of providing a non-stigmatising, non-intimidating environment and a specialised service that is cognisant of the complexities of sexual assault and its impact on victims. Given that investigators' attitudes play such a critical role in underpinning victims' engagement with the system and attrition of cases, the importance of this finding cannot be overstated (Heenan and Murray 2006; Powell, Wright and Clarke 2010).

A strong orientation toward prioritisation of sexual assault investigation was reflected not only in the way SOCIT officers referred to victims' needs and challenges, but also in the way they perceived their role within the organisation, the quality of their work and their relationship with other service providers. In the years leading up to these reforms, sexual assault was perceived as an undervalued area of work within Victoria Police, with poor morale and organisational support being two of the most common complaints of SOCAU members about the system in which they worked (Aarons, Powell and Browne 2004; Wright and Powell 2006a; 2006b; Wright, Powell and Ridge 2006; Powell and Wright 2008). Further, collaboration with other stakeholders, especially DHS, has historically been one of the most stressful aspects of working in the area of police investigation of sexual assault (Wright, Powell and Ridge 2006). In contrast to this history, all of the SOCIT members felt they were in a privileged position to be specialising in this field of investigation, and that their commitment, diligence and the quality of their briefs were unprecedented as a consequence. Further, SOCIT members spoke about their relationships with other service providers in a consistently positive light and reported that inter-agency collaboration had markedly improved. These outcomes were attributed to better resourcing and specialist training, co-location with other service providers at an independent service site and the ability to focus solely on sex offences. Collectively, these factors were perceived to facilitate the development of expertise, ease of communication and elimination of unnecessary workplace distractions.

So what about the views of other stakeholders? Importantly, SOCIT officers' perceptions were relatively consistent with others' reports about the way these officers respond to victims, their engagement with other stakeholders and the quality of their investigations. This is integral, considering compromise and collaboration among service providers are the keystones of truly victim-focused, comprehensive and effective systems for responding to sexual assault (Ahrens et al 2000). For this research, a very large and heterogeneous group of stakeholders were interviewed and the overwhelming majority of interviewees perceived that SOCIT detectives were providing expert, victim-friendly and rapid service delivery under the new model, and that collaboration was significantly improved. Specifically, members of the Office of Public Prosecutions reported observations attesting to better quality briefs of evidence, greater police knowledge and expertise, better legal outcomes, shorter investigation/charge times and better liaison (where appropriate) between police and prosecutors to ensure appropriate legal advice was sought. DHS workers highlighted better collaboration and reduced response and investigation times. Counsellors (Centres Against Sexual Assault workers) at both pilot sites highlighted greater police prioritisation of casework, increased inter-agency referral and greater responsiveness of police to victims'

needs and concerns. The majority of counsellors interviewed also suggested that the model had improved their relationships with police.

Collectively, the abovementioned findings, coupled with the apparent change in police attitudes toward victims, suggest that the SOCIT–MDC reforms have the potential to significantly contribute to a cultural shift; a shift that the Victorian Law Reform Commission stated would be necessary to improve sexual offences law and procedure in this state (Victorian Law Reform Commission 2004). The findings reported in this article are solely based on stakeholders' perceptions and could reflect, at least in part, stakeholders' knowledge of the philosophy that guided the development of the reforms (Victoria Police 2005). The findings also could arguably reflect the enthusiasm felt at the beginning of a well-supported and adequately resourced pilot program. However, the themes are robust (that is, consistent across *all* stakeholder groups) and are similar to the findings of evaluations of MDC models overseas (for example, Lovett, Regan and Kelly 2004; Walsh et al 2008; Zweig and Burt 2003). These factors, along with the marked contrast in findings to previous interviews with Victorian stakeholders, have led us to conclude that these reforms are significantly contributing to an apparent cultural shift.

Despite the widespread support for the reforms, however, several concerns were expressed. These related to the adequacy of future resourcing and staff numbers to fill the SOCIT positions. Sexual assault can be a stressful area of work and in some cases it can contribute to psychiatric difficulties among professionals (Brown, Fielding and Grover 1999; Violanti and Gehrke 2004), and members believed choosing the most appropriate staff for SOCIT teams was critical. Concerns were also expressed about whether the current levels of leadership and collaboration between service providers would be maintained in the long term. Prior research indicates that a highly integrated community culture is critical for sustaining multi-agency participation and professional wellbeing, commitment and engagement (Robinson, Hudson and Brookman 2008; Wright, Powell and Ridge 2006). Stakeholders raised the need for further development of intra- and inter-agency collaboration strategies in the form of a more formalised and proactive approach to enhancing professional collaboration, and greater consideration of the geographic location and design of future MDCs. Specifically, improvements are warranted in relation to the positioning of staff (particularly the location of police members within centres), the proximity of the MDCs to other services, the accessibility of parking and floor space to allow for growth of staff, adequacy of soundproofing, and the development of an integrated crisis response service that provides good accessibility to emergency services when needed.

In conclusion, the central concept underlying the development of the new MDC–SOCIT reforms is a more accessible, efficient, coordinated and user-friendly service delivery. The findings of this evaluation are entirely consistent with this concept. As with any new system, there are opportunities for further improvement, and evaluation data must be collated from numerous sources. Also, as this data was collected in 2008 and based on a pilot version of the new system, the SOCIT–MDC model currently being rolled out may not be in precisely the same form as the pilot. More evaluation needs to be conducted in the future when the full roll-out is complete. However, the evidence from this evaluation, based on in-depth qualitative interviews with a large and representative sample of stakeholders, suggests that the reforms have corresponded with a major change in the attitudes of co-located police towards, and marked improvement in the quality of service delivered to, victims of sexual assault.

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