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# Attrition of sexual offences in police investigations: Exploring police, case and system factors that lead to withdrawn and unfounded outcomes

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**Report to the Criminology Research Advisory Council**
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## Conflicts of interest

The authors have no conflicts or competing interests to declare.

# Acronyms and abbreviations

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| AIHW | Australian Institute of Health and Welfare |
| ANZSOC | Australian and New Zealand Standard Offence Classification |
| ASGS | Australian Statistical Geography Standard |
| CIB | Criminal Investigation Branch |
| CPIU | Child Protection Investigation Unit |
| DFV | domestic and family violence |
| DPP | Director of Public Prosecutions |
| DV | domestic violence |
| FME | forensic medical examination |
| FMEK | forensic medical examination kit |
| ISACURE | Investigating Sexual Assault—Corroborating and Understanding Relationship Evidence |
| NOI | National Offence Index |
| QAO | Queensland Audit Office |
| QPRIME | Queensland Police Records and Information Management Exchange |
| QPS | Queensland Police Service |
| SAIK | sexual assault investigation kit |

# Terminology

This report is focused on sexual violence involving adults. We recognise that terminology varies by government, organisation and policy. The following terms are consistent with the data sources and jurisdictions relevant to this current study.

**Case outcome** is the status of a case resulting from the police investigation. There are four possible case outcomes, captured within police policy (Queensland Police Service 2024b):

- **Solved** outcomes occur when a suspect has been identified, and police determine that there is sufficient evidence to progress the case to the prosecutor for consideration.
- **Unsolved** outcomes are recorded for cases in which a suspect has not been located or identified, or the evidence is currently insufficient to proceed to prosecution.
- **Withdrawn** outcomes are recorded for cases in which the victim-survivor (ie complainant) withdraws their complaint and further participation in the investigation.
- **Unfounded** outcomes are recorded for cases in which the investigator determines that no crime has occurred.

**Complaint** refers to the formal disclosure of a sexual offence to police (*Criminal Law (Sexual Offences) Act 1978* (Qld)).

**Complainant** is a person in respect of whom a sexual offence is alleged to have been committed (*Criminal Law (Sexual Offences) Act 1978* (Qld)).

**A forensic medical examination (FME)** involves obtaining a history as to the nature of an assault to guide a subsequent physical examination of the person, the interpretation of any injuries and the collection of forensic evidence, clothing and/or semen, blood or urine as required (Queensland Government 2023).

**The forensic medical examination kit (FMEK)** is a package of forensic-DNA-grade items used by trained clinicians for gathering and preserving forensic DNA evidence. The FMEKs replaced the sexual assault investigation kit (SAIK) in Queensland in mid-2023 and are designed to meet higher forensic standards (Queensland Audit Office 2024a).

**Incident** is a policing term for the offence(s) committed by the same suspect with a common date and location. The incident can include more than one suspect, more than one victim-survivor and more than one offence.

**Offender** refers to a person who has used sexual violence against a victim-survivor.

**Sexual assault investigation kit (SAIK)** is a package of forensic and medical materials used by trained medical and healthcare clinicians to collect and store physical evidence from victim-survivors of sexual assault in Queensland. In response to audits and a Commission of Inquiry into Forensic DNA testing in Queensland (Queensland Government 2022b), SAIKs have been replaced by FMEKs.

**Sexual assault** is a type of sexual offence that is non-aggravated, consistent with Australian Bureau of Statistics sexual offence definitions (ABS 2023e).

**Sexual violence** is defined as the attempt, threat or occurrence of sexual activity against an adult where consent is not freely given or obtained (ABS 2023e; Department of Social Services 2022; National Association of Services Against Sexual Violence 2021).

**Sexual offence** refers to police-recorded acts of sexual violence. Each Australian state and territory sets out its own definition of sexual offences. In Queensland, adult sexual offences are captured by the *Criminal Code Act 1899* (Qld) and include any non-consensual sexual act(s) against a person 16 years of age or over (legal age of consent). This report draws on the Queensland Criminal Code definitions for descriptive statistics of police data and qualitative results. Analysis of offence severity drew on ABS definitions of sexual offences for adults; these are classified across three categories: aggravated sexual assault (eg rape, attempted rape), non-aggravated sexual assault (eg indecent assault, threats of sexual assault, contact through clothing) and non-assaultive sexual offences (eg observing or filming a person without consent; ABS 2023e).

**Suspect** is a policing term for the person alleged to have committed the sexual offence.

**Victim** is a policing term for the person alleged to have experienced the sexual offence. In this report, we use the term victim in the context of police data.

**Victim-survivor** is a person who has experienced sexual violence. In this report, we use the term victim-survivor, except when referring to police data.

# Abstract

The attrition of reported sexual violence offences is an ongoing issue in Australia, with more than 40 percent of offences being withdrawn by the victim-survivor or labelled by investigators as unfounded. Factors that can influence case outcomes include offence characteristics, police responses to sexual offences, resource availability and system-level barriers. We use a mixed-methods design to evaluate the case, police and system factors that influence withdrawn and unfounded case outcomes for sexual offences in Queensland. We analyse administrative Queensland Police Service data on sexual offences from 2017 to 2022 and outcomes of interviews and focus groups with police and service providers in Queensland. We find that high demand, limited capacity and increased sexual offence severity are increasing withdrawn and unfounded outcomes. Specialist sexual offence trained investigators and referrals to external services are the most consistent protective factors against withdrawn and unfounded case outcomes.

## Content warning

Reader discretion is advised. The aim of this research is to further contribute to the body of empirical evidence to inform and improve responses to victim-survivors of sexual violence nationally and internationally. In this report, we draw on official administrative crime data and qualitative interviews and focus groups with police investigators, health and support service providers to understand factors associated with withdrawal and unfounding of sexual violence cases. Behind every number and statistic, there is a victim-survivor with a lived and personal experience of sexual violence and the justice system.

Should you require professional assistance, the following support services are available:

- Beyond Blue is a 24/7 helpline staffed by healthcare professionals offering confidential support: 1300 22 4636 or www.beyondblue.org.au.
- DV Connect is a 24/7 crisis support line for anyone in Queensland affected by domestic or family violence: 1800 811 811 or www.dvconnect.org.
- Kids Helpline is a 24/7 free counselling service for young people aged between five and 25: 1800 55 1800 or www.kidshelpline.com.au.
- Lifeline is a 24/7 telephone counselling and referral service: 13 11 14 or www.lifeline.org.au.
- Mensline Australia is a 24/7 counselling service for men: 1300 78 99 78 or www.mensline.org.au.
- 1800 Respect is a national domestic family and sexual violence counselling service: 1800 737 732.
- The Queensland Sexual Assault Helpline is a 24/7 support line for anyone who has been impacted by sexual violence in Queensland: 1800 010 120.

# Executive summary

As gatekeepers to the criminal justice system, police play a pivotal role in the ongoing problem of the attrition of sexual offence cases. Understanding the characteristics of cases that leave the system during the police investigation is thus central to reducing attrition of sexual offences. There is a dearth of literature examining the characteristics related to the case, police and system-level factors that affect victim-survivor withdrawal and police unfounding. This research aims to:

- assess the proportion of withdrawn and unfounded adult sexual offence case outcomes in Queensland;
- examine the distinct victim-survivor demographic, case, police and system factors associated with the withdrawal of adult sexual offence case outcomes in Queensland;
- examine the distinct demographic, case, police and system factors associated with the unfounding of sexual offence case outcomes in Queensland; and
- determine influences on attrition of sexual offences cases by demonstrating the relationship between the demographic, case, police and system factors and withdrawn and unfounded case outcomes.

The research team sought to examine suspect and offender demographics, but police data used in this study only provide details of the suspect or offender for solved offences.

To meet our aims, we structured the current study in two parts.

In **Part 1** we drew on Queensland Police Service (QPS) administrative crime data to examine a series of demographic, case, police response and system factors and their association with withdrawn or unfounded case outcomes. These quantitative data include all QPS recorded sexual offences involving an adult victim-survivor occurring between January 2017 and December 2022.

In **Part 2** we drew on qualitative data from discussions with police involved in sexual offence investigations across Queensland. These conversations provide insights into key challenges, helping to shape actionable practice and policy recommendations.

Our study was made possible through the provision of QPS data and access to investigators across the state. Since the commencement of our research, the QPS has made significant progress in its commitment to recruit, train and resource police and collaborate with support services to provide a better service to victim-survivors in Queensland. The research findings we describe may not, therefore, be fully reflective of current data; rather, they continue to advance the empirical evidence to support best investigative practice for victim-survivors of sexual violence nationally and internationally.

## Key findings

### *Part 1: Official police data analysis*

We find that several factors influence the withdrawal and unfounding of offences across the four demographic groups (female and male, both Indigenous and non-Indigenous) that we use to summarise results. The most consistent finding is that aggravated sexual offences (eg rape) are between 197 and 372 percent more likely to be either withdrawn or unfounded, rather than solved, than non-aggravated sexual offences (eg sexual assault). Another notable finding was that female non-Indigenous victim-survivors who had previously reported sexual offences were 22 percent more likely to have subsequent reports classified as unfounded, compared with similar victim-survivors reporting for the first time.

We also note that trained police responses to sexual offences can protect against offences being withdrawn or labelled as unfounded. Investigations that include a specialist sexual offence trained investigator are shown to lower the probability of a victim-survivor withdrawing the offence by between 32 and 76 percent and, in the case of non-Indigenous women, lower the probability of an unfounded outcome by 16 percent.

Police providing victim-survivors with referrals to external support services also reduces the likelihood that an offence is withdrawn or unfounded (25–64% lower) in all groups except Indigenous men. Completion of a sexual assault investigation kit (SAIK), or the forensic medical examination kits (FMEKs) that replaced SAIKs in 2023, reduces the chance that the offence is withdrawn or unfounded for women (27–69% lower), although this was not consistent for men. Sexual offences that are marked with a domestic violence (DV) ‘flag’ are 68 to 90 percent less likely to be unfounded for Indigenous women; however, in the case of non-Indigenous women, a DV flag increases the likelihood of withdrawal by 51 percent.

### *Part 2: Qualitative data analysis*

Our thematic analysis of interviews and focus groups captures key challenges that impact withdrawn or unfounded case outcomes.

- **The imbalance of workload to demand** was succinctly described by one officer as an 'impossible' workload. Investigators describe the significant challenges of managing workload among competing priorities and needing to 'triage' cases.
- **Equipping capability through training and resources** captures discussions about the importance to case outcomes of trauma-informed, victim-centric investigation practices. One officer summarises the sentiment of many: 'How supported the victim feels in the process is really the lynchpin factor in reducing withdrawals.' This section also explores inadequate equipment and resources and the impact of not having enough trained and capable staff on burnout and the care remaining officers can provide to victim-survivors.
- **System-level factors** capture how the capacity, equipment and resourcing of health/medical services and prosecution impact investigative process and case outcomes. One officer states: 'Victims withdrawing because of long hospital waits really impacts us.'

The quantitative and qualitative results demonstrate a clear need to increase the capability of policing services through specialist sexual offence training for investigators to reduce withdrawn, unfounded and unsolved outcomes. Greater collaboration between agencies from the first point of contact for victim-survivors and streamlined methods for investigators to provide targeted and appropriate referrals to external support services to victim-survivors should be undertaken. Measures to ensure accountability and transparency in decision-making and allowing voices of victim-survivors of sexual violence to be integrated into trauma-informed, victim-centric services and justice processes are essential to reduce case attrition and increase positive case outcomes for victim-survivors.

# Introduction

In 2024, 40,087 victim-survivors of sexual violence made reports to police in Australia—the highest number of victim-survivors recorded in one year in 32 years (Australian Bureau of Statistics (ABS) 2025). One of the largest increases occurred in Queensland, where our research is focused, where reports increased by 11 percent in the previous two years alone (ABS 2025). Whether this shift reflects an increase in reporting or an increase in the incidence of sexual violence is not clear (Ward et al. 2025; Worthen & Schleifer 2024). In Australia, social surveys find that one in six adults (14%) have experienced sexual violence since the age of 15, yet just eight percent of victim-survivors contact police (ABS 2023e). Aboriginal and Torres Strait Islander people experience even higher rates of sexual violence (Australian Institute of Health and Welfare (AIHW) 2019). These figures probably underestimate the scale of sexual violence in Australia. The first longitudinal study of women's experience of sexual violence over a lifetime found that more than half (51%) of women in their twenties and one-third (34%) of women in their forties have experienced sexual violence in their lifetime (Townsend et al. 2022).

Sexual violence can impact people of every age, gender, culture, sexual orientation and socioeconomic group, but children and young women experience higher rates than any other group (AIHW 2024, 2019; World Health Organization 2021). In Australia, 81 percent of police-reported sexual violence involved adult women and female children; more than one-third (39%) were between 10 and 17 years of age (ABS 2025). The *National Plan to End Violence Against Women and Children 2022–2032* (Department of Social Services 2022) draws attention to groups who may be at higher risk of experiencing sexual violence; foremost are Aboriginal and Torres Strait Islander women. Indigenous women experience two to five times the rate of sexual violence of non-Indigenous women (AIHW 2019; Bryant & Willis 2008; Wundersitz 2010).

Research suggests that a range of individual, relationship, community and social factors may increase the likelihood of experiencing and perpetrating sexual violence (AIHW 2024, 2019; Basile et al. 2022). Of all sexual offences reported to police, 97 percent of suspects are male (ABS 2024a, 2023e) and perpetrators are more likely to know the victim-survivor than be a stranger (ABS 2023e; Sullivan et al. 2024). More than one-third (39%) of sexual violence reported to police is related to domestic and family violence (ABS 2024b).

The impacts of sexual violence on victim-survivors can be significant. They experience neuro-biological and psychological coping behaviours such as fragmented memory, detachment and minimisation (Chaudhury et al. 2017; Haskell & Randall 2019) and are more likely to experience anxiety, depression, chronic disease, substance abuse and unemployment (ABS 2023e; Brunton & Dryer 2022; Loxton et al. 2021; Townsend et al. 2022). More difficult to measure are the long-term social and community impacts that some experience, such as social shame and ostracism (Kuo, Mathews & Abrahams 2018).

Despite its prevalence and devastating impacts, sexual violence is consistently one of the least reported crimes (Bright et al. 2021; Daly & Bouhours 2010). In Australia, as noted, just eight percent of women who experience sexual assault contact police (ABS 2023e). Men report sexual violence at significantly lower rates than women (Mathews et al. 2025; Rumney 2008) and are more likely than female victim-survivors of the same age to withdraw (Walker et al. 2021). These findings are unsurprising, given the exceptionally intimate nature of the crime and the potentially traumatic experience of recounting the details to a stranger such as a police officer. Research suggests that fear of not being believed, feelings of shame and distress and lack of confidence in the justice system are contributing factors in the under-reporting of sexual violence (Brooks & Burman 2017). Thus, every time a victim-survivor of sexual violence contacts police, there is an opportunity to hold perpetrators accountable and prevent future offending.

## Case attrition

Victim-survivors who contact police are unlikely to achieve justice, because most cases do not result in conviction (Bright et al. 2021; Pattavina, Morabito & Williams 2021). Despite academic scholarship and policy initiatives, there remains a ‘justice gap’ (Temkin & Krahé 2008: 9) between the large number of sexual offences reported and the paucity of arrests, prosecutions and convictions that result (Daly & Bouhours 2010; Hoffman, Patton & Greeson 2024; Lonsway & Archambault 2012)—a process referred to as attrition. Attrition of sexual offence cases from the criminal justice system is a significant and widely acknowledged problem (Alderden & Ullman 2012; Daly & Bouhours 2010; Garza 2024; Kelly, Lovett & Regan 2005; Spohn & Tellis 2019). Attrition can occur at the police investigation, prosecution review and trial stages (including ‘not guilty’). Upwards of 70 percent of cases do not proceed beyond the police investigation (Bright et al. 2021; Daly & Bouhours 2010); few of the remaining cases result in conviction (Australian Institute of Criminology 2007; Tidmarsh & Hamilton 2020). High rates of attrition during the investigative phase are problematic, indicating that there are few consequences for perpetrating sexual violence and no prevention of future offending. Moreover, victim-survivors do not achieve justice or receive critical connections to support services.

Existing research on attrition of sexual offence cases suggests that extra-legal factors (ie beyond the presence of physical evidence) related to the investigator, suspect and victim-survivor may increase or decrease the likelihood of case progression (Davies et al. 2022; King & Growette Bostaph 2024b; Murphy et al. 2022). Police are less likely to progress a case and lay charges in cases where the suspect is a friend, acquaintance or intimate partner of the victim-survivor (Bright et al. 2021; Sleath & Bull 2017). Research suggests that police may be less likely to progress cases involving known perpetrators because of perceptions of what constitutes a 'real' rape, which prioritise physical violence, resistance by the victim-survivor and immediate reporting (Morabito, Pattavina & Williams 2019). When cases do not align to these characteristics—as is common with sexual violence perpetrated by a friend, acquaintance or partner—victim-survivor credibility may be questioned and the offence minimised (King & Growette Bostaph 2024a). Complexity of the sexual offence is a factor (Hohl & Stanko 2015; King & Growette Bostaph 2024a, 2024b). Bright and colleagues (2021) found that aggravated sexual offences (eg rape) in Victoria were less likely to be solved or end in conviction than other sexual offences (eg indecent exposure). Cases in which the victim-survivor is Indigenous have also been found to have higher rates of attrition than cases with non-Indigenous victim-survivors (AIHW 2018). This may result from intersecting factors such as historical mistrust of police, police bias (unconscious and conscious) and greater barriers to accessing culturally safe support services.

Case attrition may also be more likely in sexual offence cases because of evidentiary challenges that make these cases difficult to prove (Hodgkinson, Ayres & Hopkins 2025; Tidmarsh & Hamilton 2020). Forensic medical evidence (ie semen, DNA) is often not available, particularly when there is a delay in reporting (Cossins & Goodman-Delahunty 2013)—although the presence of forensic evidence does not prove that a sexual offence occurred, only that sexual activity occurred (Tidmarsh, Powell & Darwinkel 2013). The probative value of forensic evidence is thus limited to cases of stranger rape or sexual assault—comprising a small portion of total cases (Sullivan et al. 2024)—or when the suspect denies having sexual contact with the victim-survivor (Henry & Jurek 2020). Additionally, most sexual violence occurs in residential settings (ABS 2023e), away from public view and potential witnesses, limiting corroborative evidence to the victim-survivor and suspect (Tidmarsh & Hamilton 2020; Tidmarsh, Powell & Darwinkel 2013). Limits to forensic and corroborating witness evidence present challenges to proving that a sexual offence occurred, which impacts the attrition of cases from the system.

Factors that influence case outcomes in Australia are not well understood. There is also a dearth of evidence to explain high rates of withdrawal and unfounding of sexual offence cases in Australian jurisdictions. No identified studies have examined these factors in unfounded and withdrawn cases involving Aboriginal and Torres Strait Islander victim-survivors, who experience, proportionally, the highest levels of sexual violence in Australia (ABS 2024b).

## Case withdrawal and unfounding

In their investigative role, police have discretionary power to influence case progression—and therefore attrition—by determining the scope and scale of the investigation, the nature of the crime, the charge(s) to file and whether the case should be referred to the prosecutor (Spohn & Tellis 2012). Cases in which there is sufficient evidence to determine that an offender has committed the offence are referred to as 'solved'. Not all the solved offences will progress to prosecution. The remaining cases have three potential outcomes: unsolved, withdrawn and unfounded (QPS 2024b: 75). Unsolved status applies to cases in which a suspect has not been located or identified or where the evidence is currently insufficient to proceed to prosecution. Withdrawn status results when a victim-survivor decides to disengage from the investigation. Cases are classified as unfounded when an investigator has determined that there is sufficient evidence to reasonably suspect that the offence did not occur. The largest proportion of attrition occurs through victim-survivor withdrawal and police unfounding decisions (Hohl & Stanko 2015; Murphy et al. 2022). In Queensland, 27 percent of sexual offence cases exit the system through withdrawal and 13 percent through unfounding (Ting, Scott & Palmer 2020). Rates of withdrawal and unfounding are even higher in vulnerable populations such as Aboriginal and Torres Strait Islander women (Christensen, Sharman & Powell 2016). These outcomes and the factors that explain them are the focus of this study.

The rationale for case withdrawal following a report to the police is not well understood (Murphy-Oikonen et al. 2022). Victim-survivors have identified fear of retribution from the suspect, self-blame, trauma from the incident itself, fear of not being believed and distress in recounting the incident to police as reasons for not pursuing charges (Murphy et al. 2014). Victim-survivors have also reported distress at the time police take to investigate and the fact that many do not appear to view the incident seriously enough (Wieberneit et al. 2024). Empirical evidence is needed to explain how case, police and system-level factors relate to victim-survivor withdrawal.

Unlike unsolved and withdrawn cases, unfounded cases are those in which police conclude that the offence did not occur (Johnson 2017; Venema, Lorenz & Sweda 2021). While investigations are to be guided by evidence, research suggests that police decision-making in sexual assault and rape cases is prone to influence by non-evidentiary or extra-legal factors (Spohn, White & Tellis 2014; Venema 2016). Queensland has one of the highest unfounded rates in Australia, with one in five reports of sexual violence determined as unfounded (Queensland Law Reform Commission 2020).

## Factors that influence case attrition

### *Victim-survivor factors*

The relationship between case attrition and victim-survivor characteristics, including age, gender and ethnicity, is unclear. In Australia, most victim-survivors of sexual violence (84%) are female (ABS 2025), and research finds that police may be less likely to progress a case and lay charges (ie they unfound a case) when the victim-survivor is female (Bright et al. 2021; Mayhew & Reilly 2007). Less is known about the factors that influence case progression for male victim-survivors of sexual violence. Men report sexual violence at significantly lower rates than women (Mathews et al. 2025; Rumney 2008) and are more likely to withdraw than female victim-survivors of the same age (Walker et al. 2021).

Age is a notable factor in case attrition. Several studies have found victim-survivor age to influence case outcomes (Lapsey, Campbell & Benitez 2023; Meeker, O'Neal & Hayes 2021; Sinclair 2022), with cases involving older victim-survivors more likely to progress, while other studies have not found age to be significant (King & Growette Bostaph 2024a; Morabito, Pattavina & Williams 2019; Tasca et al. 2013). The effect of victim-survivor ethnicity is similarly unclear (Davies et al. 2022). Research in the US context has not found ethnicity to be a significant predictor of case outcomes (Acquaviva, Meeker & O'Neal 2022; Spohn & Tellis 2019; Wentz 2020), and there is a dearth of recent research in the Australian context. A 2006 study of reported rapes in Victoria found that none of the cases involving an Aboriginal or Torres Strait Islander victim-survivor resulted in charges (Heenan & Murray 2006). Research also suggests that Indigenous women have higher withdrawal rates for sexual offences than non-Indigenous women (Bailey, Powell & Brubacher 2017; Lievore 2003).

Previous victimisation may also be linked to case attrition. Victim-survivors who have made prior complaints to police about sexual offending may experience a negative credibility bias (Kelly, Temkin & Griffiths 2006; Pica, Sheahan & Pozzulo 2020) that may lead to subsequent offences being unfounded. While this relationship has not been fully explored, concerns about progressing the offence may be present for investigators (Kelly, Temkin & Griffiths 2006).

### *Case factors*

Case factors in the context of this report relate to administrative offence classifications and data captured by police to label and classify sexual offences and to record details on the factors surrounding offences. These can include the date, time and location of the offence, sexual offence type, number of offences and victim-survivors and additional 'flags' used by police (eg DV flag). Currently, the Australian and New Zealand Standard Offence Classification (ANZSOC) provides a national statistical framework for classifying offences for use by criminal justice agencies in Australia (ABS 2023a). This includes the National Offence Index (NOI), which provides a measure of offence seriousness. Sexual offences for adults are classified across three categories: aggravated sexual assault (eg rape, attempted rape), non-aggravated sexual assault (eg indecent assault) and non-assaultive sexual offences (eg voyeurism; ABS 2023b).

Offence location (eg private dwelling vs public) is important, because most sexual violence occurs at a residential location (69%), most commonly a private dwelling (ABS 2023e), which increases the likelihood that the offender will be known to the victim-survivor (Colombino, Mercado & Jeglic 2009). Time between the offence occurring and being reported to police can impact case outcomes. Delays in reporting can influence police perceptions of victim-survivor credibility (Thompson & Pozzulo 2024), increasing the likelihood of a withdrawn case outcome (Hanly & Tamara 2024), and can reduce the capacity of police to gather time-sensitive evidence, which may increase the likelihood of an unfounded or unsolved outcome.

Offence data from 2022 estimate that two in five sexual offences are related to domestic and family violence (DFV)—39 percent nationally and 40 percent in Queensland (ABS 2023e). Sexual offences related to DFV are more likely to be withdrawn by the victim-survivor because of threats and pressure from the offender (Hester & Lilley 2017) or victim-survivor reluctance to break up the family unit or to be perceived by members of their community as breaking up the family (Jones et al. 2024). From 1 July 2021, police officers are required to record all criminal offences associated with DFV investigations (QPS 2024a), with offences being 'flagged' for DV in QPRIME (Queensland Police Records and Information Management Exchange) if a relevant relationship exists between the complainant and suspect.

### *Police response factors*

Government audits of police responses to sexual violence in Australia have consistently highlighted significant gaps in specialist knowledge and skills needed to investigative sexual violence, in addition to widespread police bias against victim-survivors (Australian Law Reform Commission 2024; Crime and Misconduct Commission 2003; Victorian Steering Committee 2006). Qualitative research has also linked poor investigative responses to case attrition (KPMG 2023).

Police, like the wider community, hold misconceptions of sexual offending that may place disproportionate focus on victim-survivor behaviour and credibility and excuse the offender (Estrich 1987; Franklin et al. 2020; Hine & Murphy 2019). Normative trauma responses, such as memory lapses, not resisting the perpetrator and emotional sensitivity may be viewed with suspicion because they do not meet police expectations of a 'genuine victim' (Franklin et al. 2023; Sleath & Bull 2017). Without knowledge of sexual offending dynamics and the impact of trauma, police may question victim-survivor credibility (Shaw et al. 2017), making police less likely to identify and investigate suspects (Campbell, Wells & King 2021; Jurek, Kelley & Wells 2021). Police training is thus instrumental for developing the knowledge and skills to effectively respond to reports of sexual violence and, critically, to engage sensitively with victim-survivors.

### Specialist sexual offence investigations training in Queensland

In response to recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse (2017), the QPS developed the two-week Investigating Sexual Assault—Corroborating Relationship Evidence (ISACURE) course (Carr, Helton & Bennett 2021) in collaboration with criminologists, psychologists, behavioural scientists and critical stakeholders (eg victim-survivors, police, prosecutors). The course equips participants with the knowledge, skills and behaviours to effectively support victim-survivors and improve communication and investigation strategies to prevent, disrupt and prosecute sexual offences (Carr, Helton & Bennett 2021). Participants receive training on the neurobiology of trauma, learning its effects on memory and counterintuitive victim-survivor behaviours, while also critically examining officers' assumptions and misconceptions about trauma, victim-survivor behaviour and sexual offences (Carr, Helton & Bennett 2021) to reduce the impact of implicit bias on the investigation (Tidmarsh, Hamilton & Sharman 2020).

The ISACURE course is grounded in the Whole Story approach to the investigation of sexual crimes, which recognises sexual violence as a relationship-based crime (Tidmarsh 2021, 2016). The approach diverges from existing approaches by focusing on the context of the offending and evidence of the victim–offender 'relationship' that starts in the mind of the offender—who uses manipulation and control to gain power over the victim—and ends with the offending (Tidmarsh 2016). Understanding the context in which the crime occurred helps investigators to clarify seemingly counterintuitive victim-survivor behaviour, such as delayed reporting, a continued relationship with the offender or behaviours to appease the offender (Tidmarsh 2021; Tidmarsh & Hamilton 2020). This understanding can help to reduce police bias against victim-survivors that contributes to case attrition (Ask & Granhag 2007; Tidmarsh, Hamilton & Sharman 2020). Understanding the context is also central to eliciting robust evidence of the victim–perpetrator relationship to progress the case to prosecution (Tidmarsh, Powell & Darwinkel 2013).

As part of specialist training, investigators also gain insights into the role of support agencies in assisting with recovery. Police referrals can reduce the likelihood of a victim-survivor withdrawing their case from further investigation (Rumney et al. 2019). Police can offer victim-survivors referrals to a community-based or governmental service to help with physical, mental, emotional and/or financial recovery (Hester & Lilley 2018; Rumney et al. 2019).

## System-level factors

System-level factors impact police investigations of sexual offences in Australia and worldwide. They play a role in whether cases proceed or are withdrawn or unfounded. Investigations rely on the capacity of other services, including health (eg forensic medical examination (FME), forensic and scientific services), legal aid, courts and victim-survivor support services.

Police rely on forensic evidence (eg DNA) to assist in the identification and prosecution of suspects. Queensland Health is the agency responsible for the training and delivery of FMEs and FMEKs across the state. In 2023, Queensland Health replaced the SAIK with the FMEK to improve forensic collection and storage materials. Timely access to FMEs by specially trained medical practitioners is critical for the collection and analysis of forensic samples and documentation of injuries. However, capacity, capability and resource issues, including the unavailability or refusal of some practitioners and hospitals/health services to perform FMEs and unavailability of FMEKs have resulted in lengthy delays for victim-survivors and degraded forensic evidence (Queensland Audit Office (QAO) 2024a, 2019). A further system-level barrier may be the lack of awareness within health services of the importance of this investigative step and the time sensitivity of ensuring the viability of forensic evidence (Wieberneit et al. 2024).

Prosecutorial decisions and court delays can further contribute to unsatisfactory case outcomes. The Director of Public Prosecutions (DPP) oversees and manages the prosecution of criminal offences (Queensland Government 2016). DPP lawyers review evidence provided by police investigators and have discretion over whether to proceed with or discontinue the case, based on factors including the sufficiency of evidence, public interest and/or the likelihood of a successful conviction (Queensland Government 2025). Delays in decisions to charge can occur because of delays in accessing police and forensic evidence and staff availability. Significant further delays follow for sexual violence cases to be heard and progressed through court. Substantive commentary from the Commission of Inquiry into Queensland Police Service Responses to Domestic and Family Violence (2022), Director of Public Prosecutions (Queensland Government 2024, 2023, 2022a) and the Women's Safety and Justice Taskforce (2022a, 2022b, 2021) has noted the detrimental accumulation of system-level barriers to justice outcomes for victim-survivors of sexual, domestic and family violence and made recommendations for improving multi-agency responses.

# Aim and method

The current study aimed to:

- assess the proportion of withdrawn and unfounded adult sexual offence case outcomes in Queensland;
- examine the distinct demographic, case, police and system factors associated with the withdrawal of adult sexual offence case outcomes in Queensland;
- examine the distinct demographic, case, police and system factors associated with the unfounding of sexual offence case outcomes in Queensland; and
- determine the relationship between the demographic, case, police and system factors and withdrawn and unfounded case outcomes.

Approval to conduct the current study was given by the University of Queensland Human Research Ethics Committee (application no. HE000452) and the QPS Research Committee (QPSCR 1222 3.03).

The study involved two parts. Part 1 examined the characteristics and outcomes of sexual offences using QPRIME administrative crime data. Part 2 engaged police officers who investigate sexual offences. Several data sources informed our quantitative and qualitative results.

## Administrative data

The current study used de-identified QPRIME data comprising all recorded sexual offences occurring between 1 January 2017 and 31 December 2022. The data were organised by offence and linked to a corresponding (de-identified) unique occurrence. A single occurrence (ie an incident) can have one or more offences and one or more victim-survivors, and offences within the same occurrence can have different offence outcomes (eg an occurrence with multiple victim-survivors can have one victim-survivor withdraw the complaint and another continue until prosecution).

The data include details of the victim-survivor, case, police and location level variables to enable analysis of factors associated with withdrawn and unfounded cases. Offences were included only where data could be linked to all analysis factors (victim-survivor, case, police, and location). Offences with incomplete data were excluded. All relevant variables are summarised in *Appendix A: Data dictionary*.

### *Victim-survivor factors*

Demographic variables include age, gender and Indigenous status. Analysis of gender was limited to women and men as the QPRIME data record complainants as either female or male. Analysis was also limited to adult victim-survivors who were 16 years or over at the time of the offence; this is consistent with the definition of adult sexual offences in Queensland legislation (*Criminal Code Act 1899* (Qld), s 352).

### *Case factors*

The QPS dataset comprises all occurrences classified as a sexual offence according to the Australian and New Zealand Standard Offence Classification subdivision (eg sexual assault, non-assaultive sexual offences) and the QPRIME offence/offence code (eg rape, sexual assault, indecent assault). For this reason, our analysis uses the term 'offence outcome' rather than case outcome. Our analysis includes offence severity, DV flag and solved status (solved, withdrawn, unfounded or unsolved). We note that 'cleared' is a case (occurrence) status in QPRIME that indicates that the investigation has reached an administrative outcome. Neither 'cleared' nor 'solved' indicates that a suspect has been convicted.

### *Police response factors*

The data extract included whether the investigating officer had completed the QPS ISACURE course, which equips officers with advanced knowledge and skills specific to sexual violence. An additional police response factor was whether the officer provided the victim-survivor with a referral to service providers.

### *System factors*

Because responses to sexual offences involve multiple agencies, including health services and public prosecutors, regionality of the offence location, offence reporting and whether a SAIK was recorded were included in analysis.

### *Analytic approach*

Analyses of administrative data were responsive to the research aims and type of recorded data. A broad summary of analytic strategies is below. See *Appendix B* for full data analytic methods.

Descriptive analyses were used to help summarise victim-survivor, case, police response and system data and offence outcomes. Descriptive analyses included proportions and mean calculations such as the total number of withdrawn offences and the percentage that the outcome type represented in the data.

Multinomial regression analyses were used to determine which variables were independently associated with the probability of an offence outcome, namely withdrawn or unfounded versus solved (see *Appendix B* for a complete description of data analyses). To illustrate the strength of the associations between each variable and the probability of an offence outcome, we ran a series of multinomial regression models. Given the differences in case attrition by Indigeneity and gender (see subsection *Factors that influence case attrition: Victim-survivor factors* in the *Introduction*), we conducted separate analyses on four subgroups: Indigenous women, Indigenous men, non-Indigenous women and non-Indigenous men. This approach allowed us to identify the unique factors that can affect withdrawn and unfounded outcomes for each group individually.

Notably, this analysis initially included the variable days between time of offence and reporting; however, this was removed because it was found to covary with the victim-survivor's age at reporting and at time of offence. To ensure that the variable of SAIK provided to victim-survivor was not acting as a proxy for recency of offence to reporting, the pattern of results for the initial model, the final model and an additional model that examined cases with a time between the offence occurring and reporting of two days or less were reviewed. The overall pattern of results was found to be consistent across these models.

Chi-squared tests examined the relationship between the offence outcome and the following categorical variables:

- investigator training (ie with and without specialist sexual offence training);
- FME (ie whether a SAIK was recorded as being conducted on the victim-survivor); and
- regionality of offence location.

## Qualitative data

The current study also drew on data collected during a series of interviews and focus groups conducted across Queensland between July 2023 and November 2023 with police officers and support services staff. To capture contextual differences and challenges, we worked with a QPS project officer to identify operational units within each policing region that had variability in the volume of sexual offences and relative offence outcomes (eg high/low solved, withdrawn and unfounded). Only university researchers in the team conducted the focus groups and interviews, to encourage participants to speak freely without judgement or concerns of negative consequences.

The process of identifying units involved six stages. Analysis drew on data from reported sexual offences from 2018 to 2022. Policing outcomes for each division and unit for the four-year period were determined by analysing offence data according to the division in which the offence occurred. Units within divisions were progressively eliminated or shortlisted according to a several factors, including regional representation, case volume (ie number of sexual offences) and case outcomes. The shortlisting occurred in stages, with divisions across each of the 15 Queensland police districts considered. Divisions were shortlisted based on demand (ie divisions with over 100 sexual offences within the five-year period), performance (ie case outcomes: rates of solved, unsolved, withdrawn and unfounded), QPS insights (ie operational and locational considerations) and case attrition (ie the percentage of sexual offence cases that did not proceed past the police investigation). Data collection occurred from September to mid-November 2023 from 18 policing divisions. Participants were recruited via key points of contact at each division, with officers in each division being contacted by the key point of contact via email. Expressions of interest were coordinated by the key point of contact to manage case load and availability before formal recruitment.

Our university research team ran focus groups with two to five participants from the same investigative unit and rank. They interviewed leadership separately to minimise the potential for power imbalances and ensure voluntary participation. Participants could also opt for a one-to-one interview if they preferred. We started our interviews and focus groups with core questions to understand the local experience of investigating sexual offences, including case, police and resource factors, while also adapting questions flexibly in response to the discussion with participants. Table 1 lists some of our initial questions.

**Table 1: Sample of focus group and interview constructs and questions**

| Construct | Questions |
|---|---|
| **Perpetrator, victim-survivor and case factors** | What is the nature of sexual violence in this area? |
| | What types of offences are commonly reported? |
| | When and where do they primarily occur? |
| | Who are the primary perpetrators? |
| **Policing response factors** | How do these case factors impact how you respond to sexual violence? |
| | What are the characteristics of cases/offences that get solved, do not proceed/are withdrawn, unsolved or unfounded? |
| | What training courses have you completed (eg ISACURE)? |
| **Resource factors** | What are the barriers to cases progressing in this area? |
| | Do you have what you need to meet demand/prevalence of sexual violence in the area (eg sufficient staff, resources, training)? |

## *Sample*

Table 2 presents descriptive details of the qualitative sample. We conducted 21 focus groups and 24 interviews with a total of 83 participants. The sample included 78 sworn police officers, two social workers and two medical doctors. Almost two-thirds were men (63%). Most police participants were associated with a specialist investigation unit, including the Criminal Investigation Branch (CIB; 51%) and the Child Protection Investigation Unit (CPIU; 31%).

**Table 2: Qualitative sample characteristics (*n*=83)**

| | *n* | % |
|---|---|---|
| **Focus group (*n*=21)** | | |
| Total participants | 59 | 71.1 |
| **Interview (*n*=24)** | | |
| Total participants | 24 | 28.9 |
| **Gender** | | |
| Men | 52 | 62.7 |
| Women | 31 | 37.3 |
| **Agency** | | |
| QPS | 79 | 95.2 |
| Non-governmental organisation | 2 | 2.4 |
| Queensland Health | 2 | 2.4 |
| **Role** | | |
| Medical doctor | 2 | 2.4 |
| QPS | | |
| Front counter staff | 1 | 1.2 |
| Frontline officer | 5 | 6.0 |
| Investigator | 56 | 67.5 |
| Prosecutor | 2 | 2.4 |
| Supervisor | 15 | 18.1 |
| Social worker | 2 | 2.4 |
| **Rank (QPS staff *n*=79)** | | |
| Administrative officer (unsworn staff) | 1 | 1.3 |
| Constable | 12 | 15.2 |
| Senior Constable | 37 | 46.8 |
| Sergeant | 14 | 17.7 |
| Senior Sergeant | 12 | 15.2 |
| Inspector | 3 | 3.8 |

| Table 2: Qualitative sample characteristics (*n*=83) (cont.) | | |
|---|---|---|
| | *n* | % |
| **Operational area (QPS sworn officers *n*=78)** | | |
| Child Protection Offender Registry | 2 | 2.6 |
| Child Protection Investigation Unit (CPIU) | 20 | 25.6 |
| Criminal Investigation Branch (CIB) | 40 | 51.3 |
| Combined CIB/CPIU | 3 | 3.8 |
| General Duties | 7 | 9.0 |
| Police Prosecutions Corps | 2 | 2.6 |
| Suspected Child Abuse & Neglect | 1 | 1.3 |
| Vulnerable Persons Unit | 3 | 3.8 |
| **Training (QPS sworn officers *n*=78)** | | |
| Child protection and youth justice | 24 | 30.8 |
| Domestic and family violence | 73 | 93.6 |
| Interviewing Children & Recording Evidence (ICARE) | 40 | 51.3 |
| Investigating Sexual Assault—Corroborating and Understanding Relationship Evidence (ISACURE) | 23 | 29.5 |

## *Analytic approach*

All participants reviewed the project information form and consented to be recorded. Recordings were transcribed, de-identified and analysed to identify recurrent themes. Our analytic approach included re-familiarising ourselves with the data that we had collected across different sites, generating initial codes and themes and reviewing these themes' alignment with our key research aims (see Braun & Clarke 2006). To distinguish participants while maintaining confidentiality, we attribute quotations using a unique number assigned to each interview and focus group:

- Focus groups with police are attributed as FG[n]P, where n represents their unique focus group number (eg FG2P).
- Focus groups with health/support services are attributed as FG[n]SS, where n represents their unique focus group number (eg FG2SS).
- Interviews with police are attributed as IP with a unique interview number (eg IP10).

## Data limitations and considerations

The extracted administrative data include multiple periods between 2020 and 2021 in which the Queensland Government implemented COVID-19-related lockdowns. Research suggests that the lockdowns were associated with first-time and escalating interpersonal violence, including sexual violence, and reduced reporting because of fears for personal safety (Boxall & Morgan 2021). COVID-19 may, therefore, influence reporting of sexual offences as well as the case outcomes within the data review period for this report.

Offender data were available only for offences with a solved outcome in which the suspect was identified and there existed sufficient evidence to progress the case to the prosecutor for consideration. No other offence outcomes included suspect details, because either a suspect had not been identified or located (unsolved, unfounded), or the victim-survivor had withdrawn the complaint. Therefore, we did not explore suspect characteristics in this analysis. Additionally, the administrative data are dependent upon the accuracy and comprehensiveness of the individual officers entering occurrence information into QPRIME. While we took every care to ensure that these data are as accurate as possible, this limitation should still be noted.

In 2022, the independent Commission of Inquiry into Queensland Police Service Responses to Domestic and Family Violence (2022) released its report, *A call for change*. This report included recommendations to the QPS, which resulted in organisational investments in training and other factors to support policing responses. It is acknowledged therefore that the results presented in this paper may not fully reflect the current state of responses and outcomes in Queensland.

## Structure of findings

Part 1 provides findings of the analysis of administrative crime data for sexual offences reported by an adult between January 2017 and December 2022. These findings are presented independently for women (non-Indigenous and Indigenous) and men (non-Indigenous and Indigenous) to capture unique factors that may impact case outcomes.

Part 2 provides findings of qualitative analysis of interviews and focus groups primarily with police across Queensland. We summarise these results into three main sections:

- **Police capacity and capability** explores the challenges of managing workload among competing priorities and needing to 'triage' cases.
- **Equipping police** captures discussion about the important role of trauma-informed, victim-centric investigation practices, supporting equipment and facilities and burnout in case outcomes.
- **System-level factors** explores how the capacity, equipment and resourcing of health/medical services and prosecution impact investigative process and case outcomes.

# Results: Part 1—Official police data

## Sexual offence incidents and outcomes

Figure 1 presents the outcomes of all reported sexual offences incidents. Of the 19,343 sexual offences reported to police, approximately one-third (36%, *n*=6,971) were solved, 31 percent were withdrawn by the victim-survivor and one in 10 (11%, *n*=2,112) were unfounded by police. The remaining offences (22%, *n*=4,276) were unsolved. Because this study is focused on offences with cleared outcomes (*n*=15,067), descriptive details of these offences are presented before the analysis of offence characteristics. Percentages are rounded in the chart.

**Figure 1: Offence outcomes for all offences**

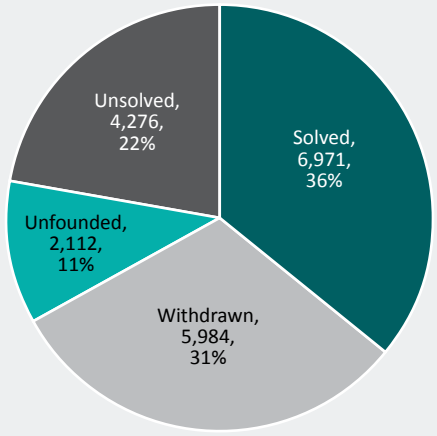



Table 3 presents details of the outcomes and characteristics of sexual offences in the sample. Most occurrences (84%, *n*=12,628) involved a single offence and a single victim-survivor (89%, *n*=13,358). Aggravated offences accounted for approximately half (55%, *n*=8,287) of the offences and more than half of all offences occurred in a domestic dwelling (57%, *n*=8,641). A DV flag was associated with almost six percent (*n*=850) of offences. For almost two-thirds of offences (64%, *n*=9,586), no referral was provided to the victim-survivor; and, for most offences, no SAIK was recorded as performed (86%, *n*=12,888). Investigators with specialist sexual offence training were involved in approximately one-fifth of all offences (22%, *n*=3,263).

| Table 3: Offence outcomes and characteristics (total sample) | | |
|---|---|---|
| | *n* | % |
| **Investigative outcome** | | |
| Total offences | 19,343 | 100.0 |
| Solved (cleared) | 6,971 | 36.0 |
| Withdrawn (cleared) | 5,984 | 30.9 |
| Unfounded (cleared) | 2,112 | 10.9 |
| Unsolved (uncleared) | 4,276 | 22.2 |
| **Cleared offences** | | |
| Total | 15,067 | 100.0 |
| Single offence at incident | 12,628 | 83.8 |
| Multiple offences at incident | 2,439 | 16.2 |
| Occurred in non-domestic setting | 6,426 | 42.6 |
| Occurred in dwelling | 8,641 | 57.4 |
| No DV flag | 14,217 | 94.4 |
| DV flag | 850 | 5.6 |
| DV flag in dwelling | 773 | 90.8 |
| Single victim-survivor at incident | 13,358 | 88.7 |
| Multiple victim-survivors at incident | 1,709 | 11.3 |
| Metropolitan area | 9,398 | 62.4 |
| Regional area (inner, outer) | 3,945 | 26.2 |
| Remote area (remote, very remote) | 1,724 | 11.4 |
| No specialist sexual offence trained investigator | 11,804 | 78.3 |
| Specialist sexual offence trained investigator | 3,263 | 21.7 |
| SAIK recorded | 2,179 | 14.5 |
| No SAIK recorded | 12,888 | 85.5 |
| Referral provided to victim-survivor | 5,499 | 36.5 |
| No referral provided to victim-survivor | 9,568 | 63.5 |
| Non-aggravated sexual offences | 6,780 | 45.0 |
| Aggravated sexual offences | 8,287 | 55.0 |
| | *M* | *SD* |
| Number of days between offence and reporting | 304.39 | 1,293.57 |
| Number of days between reporting and cleared | 69.68 | 303.53 |

## Victim-survivors and outcomes

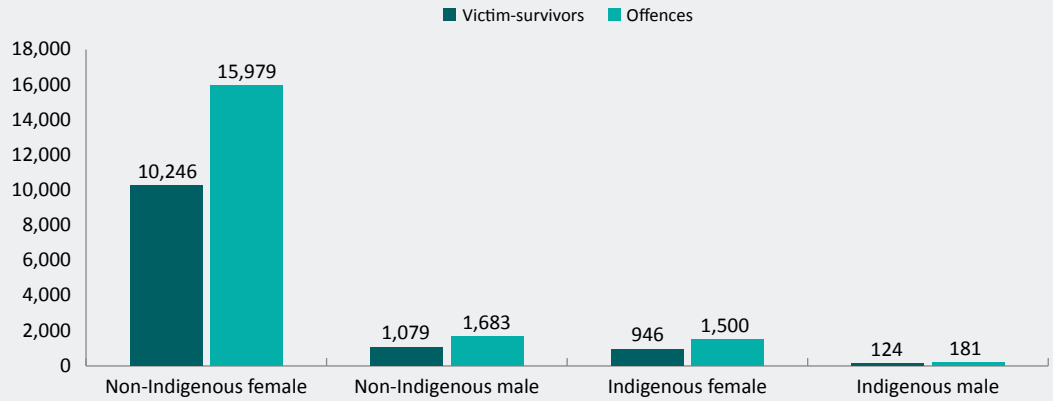
### *Total sample*

Table 4 provides demographic details for the sample of adult victim-survivors (*n*=12,395). Most victim-survivors were female (90%, *n*=11,192). Across the entire sample, the mean age at the time of the offence was 29.64 years and, at the time of reporting, 30.39 years. Approximately one-third of victim-survivors were previously victim-survivors of a sexual offence on two or more occasions. Indigenous Australians comprise nearly nine percent (*n*=1,070) of the sample, about twice the proportion of Aboriginal and Torres Strait Islander people in Queensland (4%; Queensland Government 2021).

**Table 4: Victim-survivor demographics (total sample)**

| | *n* | % |
|---|---|---|
| **Victim-survivors** | | |
| Total | 12,395 | 100.0 |
| **Gender** | | |
| Male | 1,203 | 9.7 |
| Female | 11,192 | 90.3 |
| **Indigenous** | 1,070 | 8.6 |
| Male | 124 | 1.0 |
| Female | 946 | 7.6 |
| **Non-Indigenous** | 11,325 | 91.4 |
| Male | 1,079 | 8.7 |
| Female | 10,246 | 82.7 |
| **Multiple victimisations** | 1,963 | 15.8 |
| | *M* | *SD* |
| Age at time of offence | 29.64 | 14.08 |
| Age at reporting of offence | 30.39 | 14.23 |
| Age range | 16–99 | |

**Figure 2: Number of offences and victim-survivors, by Indigeneity and gender**




## *Indigenous women*

### Demographics

Figure 3 refers to the one in 13 victim-survivors in the sample who were Indigenous women (8%, *n*=946). Of the 1,500 offences they experienced, approximately one-third (38%) were solved. A similar proportion of offences were withdrawn by the victim (29%), and a further 12 percent were unfounded. The remaining offences (21%) were unsolved. Percentages are rounded in the chart.

**Figure 3: Offence outcomes for Indigenous women (*n*=1,500)**

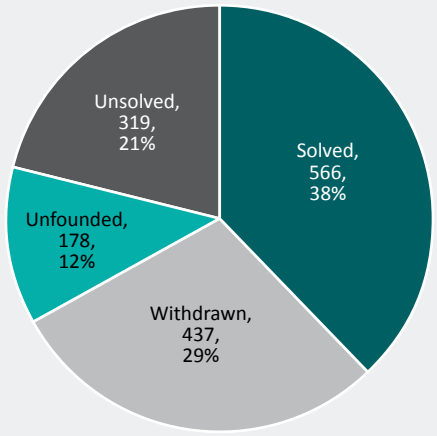


Table 5 shows that most of the occurrences in the sample involved a single offence (84%, *n*=991) and a single victim-survivor (88%, *n*=1,033). Aggravated sexual offences comprised 64 percent of all offences. More than two-thirds of the offences occurred in a domestic dwelling (68%, *n*=802), and almost seven percent of offences (*n*=78) were associated with a DV flag. For 63 percent (*n*=744) of the offences, no referral to any support service was provided to the victim-survivor; for three-quarters of all offences (74%, *n*=877), no SAIK was recorded as performed. Investigators trained in specialist sexual offences investigation were involved in one-quarter of offences (24%, *n*=286).

**Table 5: Victim-survivor demographics—Indigenous women**

| | *n* | % |
|---|---|---|
| **Victim-survivors** | | |
| Total | 946 | 100.0 |
| Multiple victimisations | 362 | 38.3 |
| | *M* | *SD* |
| Age at time of offence | 29.53 | 12.12 |
| Age at reporting of offence | 29.84 | 12.11 |
| Age range | 16–90 | |
| | *n* | % |
| **Investigative outcome** | | |
| Total offences | 1,500 | 100.0 |
| Solved (cleared) | 566 | 37.7 |
| Withdrawn (cleared) | 437 | 29.1 |
| Unfounded (cleared) | 178 | 11.9 |
| Unsolved (uncleared) | 319 | 21.3 |
| **Cleared offences** | | |
| Total | 1,181 | 100.0 |
| Single offence at occurrence | 991 | 83.9 |
| Multiple offences at occurrence | 190 | 16.1 |
| Occurred in non-domestic setting | 379 | 32.1 |
| Occurred in dwelling | 802 | 67.9 |
| No DV flag | 1,103 | 93.4 |
| DV flag | 78 | 6.6 |
| DV flag in dwelling | 61 | 78.2 |
| Single victim-survivor at occurrence | 1,033 | 87.5 |
| Multiple victim-survivors at occurrence | 148 | 12.5 |
| Metropolitan area | 298 | 25.2 |
| Regional area (inner, outer) | 373 | 31.6 |
| Remote area (remote, very remote) | 510 | 43.2 |
| No specialist sexual offence trained investigator | 895 | 75.8 |

| Table 5: Victim-survivor demographics—Indigenous women (cont.) | | |
|---|---|---|
| | *n* | % |
| Specialist sexual offence trained investigator | 286 | 24.2 |
| SAIK recorded | 304 | 25.7 |
| No SAIK recorded | 877 | 74.3 |
| Referral provided to victim-survivor | 437 | 37.0 |
| No referral provided to victim-survivor | 744 | 63.0 |
| Non-aggravated sexual offences | 426 | 36.1 |
| Aggravated sexual offences | 755 | 63.9 |
| | *M* | *SD* |
| Number of days between offence and reporting | 113.22 | 654.70 |
| Number of days between reporting and cleared | 61.79 | 129.73 |

### Factors that predict withdrawn and unfounded offences

Table 6 shows the results of the multinomial regression for withdrawn and unfounded vs solved offence outcomes for Indigenous female victim-survivors. The model was statistically significant, with the variables significantly improving the model compared with the intercept alone ($\chi^2(26)=336.69$, $p<0.001$, Cox and Snell $R^2=0.25$) An odds ratio greater than one indicates that the variable is associated with a greater likelihood of the offence being withdrawn/unfounded, rather than solved. An odds ratio of less than one indicates that the variable is associated with a greater likelihood of the offence being solved, rather than withdrawn/unfounded.

| Table 6: Factors predictive of withdrawn and unfounded outcomes—Indigenous women (*n*=1,181) | | | | |
|---|---|---|---|---|
| | B | OR | % | Increase/decrease probability |
| **Withdrawn** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −0.19 | 0.83 | 17.1 | Non-significant |
| Age at time of offence | 0.19 | 1.21 | 21.1 | Non-significant |
| Repeated victimisation | −0.07 | 0.94 | 6.3 | Non-significant |
| **Case factors** | | | | |
| DV flag | 0.26 | 1.30 | 30.2 | Non-significant |
| Multiple victim-survivors at offence | 0.30 | 1.34 | 34.3 | Non-significant |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −2.20* | 0.11 | 89.0 | Decreased withdrawal |
| Dwelling status | 0.18 | 1.20 | 20.3 | Non-significant |
| Sexual offence severity | 1.09* | 2.97 | 196.8 | Increased withdrawal |

| Table 6: Factors predictive of withdrawn and unfounded outcomes—Indigenous women (*n*=1,181) (cont.) | | | | |
|---|---|---|---|---|
| | B | OR | % | Increase/decrease probability |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.35* | 0.70 | 29.6 | Decreased withdrawal |
| Specialist sexual offence trained investigator | −0.43** | 0.65 | 35.0 | Decreased withdrawal |
| **Resource factors** | | | | |
| Regionality | −0.31* | 0.73 | 26.9 | Decreased withdrawal |
| SAIK provided to victim-survivor | −1.18* | 0.31 | 69.2 | Decreased withdrawal |
| **Unfounded** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −1.14* | 0.32 | 68.0 | Decreased unfounded |
| Age at time of offence | 1.16* | 3.20 | 219.5 | Increased unfounded |
| Repeated victimisation | −0.14 | 0.87 | 12.8 | Non-significant |
| **Case factors** | | | | |
| DV flag | −2.34** | 0.10 | 90.4 | Decreased unfounded |
| Multiple victim-survivors at offence | 0.30 | 1.35 | 35.1 | Non-significant |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −1.01* | 0.36 | 63.6 | Decreased unfounded |
| Dwelling status | −0.47** | 0.63 | 37.2 | Decreased unfounded |
| Sexual offence severity | 1.55* | 4.73 | 372.6 | Increased unfounded |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −1.03* | 0.36 | 64.1 | Decreased unfounded |
| Specialist sexual offence trained investigator | 0.12 | 1.13 | 12.8 | Non-significant |
| **Resource factors** | | | | |
| Regionality | −0.27** | 0.77 | 23.3 | Decreased unfounded |
| SAIK recorded | −1.09* | 0.34 | 66.4 | Decreased unfounded |

**statistically significant at $p<0.01$, *statistically significant at $p<0.05$

### Withdrawn

Three case factors were associated with a withdrawn outcome: offence severity, regionality and multiple offences. The probability of withdrawal increased by 197 percent (OR=2.97) if the offence was an aggravated sexual offence rather than a non-aggravated sexual offence. The probability of withdrawal decreased by 26 percent (OR=0.73) if the offence occurred in a regional or remote locations. Occurrences with multiple offences also decreased the probability of withdrawal, by 89 percent (OR=0.11).

A few police response factors decreased the probability of withdrawal, including the provision of a SAIK, which reduced the probability of withdrawal by 69 percent (OR=0.31). Offences with a specialist sexual offence trained investigator and referral offered decreased the probability of withdrawal by 30 percent and 35 percent, respectively (OR=0.70 and 0.65).

### Unfounded

The age of the victim-survivor was associated with an unfounded outcome in two distinct ways. Specifically, the older the victim-survivor at time of reporting, the lower the probability the offence will be unfounded (OR=0.32). Inversely, the older the victim-survivor at time of the offence occurring, the more likely the offence will be unfounded (OR=3.20).

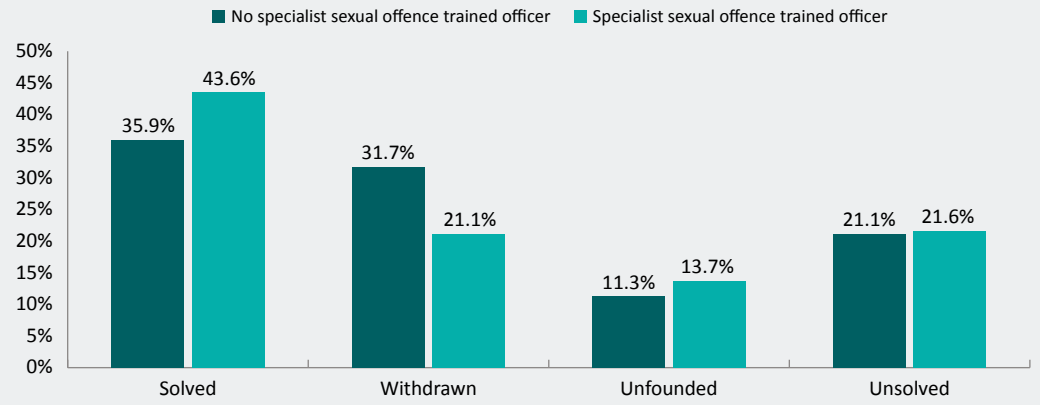
As with withdrawn outcomes, the strongest association with an unfounded outcome was the case factor of offence severity. If the recorded offence was an aggravated sexual offence, the probability of an unfounded outcome increased by 373 percent (OR=4.73). A DV flag associated with the offence decreased the odds of the offence being unfounded by 90 percent (OR=0.10). If the victim-survivor reported that the offence occurred in a domestic dwelling, the odds of the offence being unfounded decreased by 37 percent (OR=0.63). The reporting of multiple offences also decreased the probability of the offence being unfounded by 64 percent (OR=0.36). If the offence occurred in a regional or remote location, the probability of an unfounded outcome decreased by 23 percent (OR=0.77).

The provision of a SAIK reduced the probability of the offence being unfounded by 66 percent (OR=0.34). The offer of a referral decreased the probability of an unfounded offence outcome by 64 percent (OR=0.36).

### Specialist sexual offence training

Because the presence of a specialist sexual offence trained investigator in investigative teams impacted the offence outcome, further examination was undertaken of the relationship between offences with and without a specialist sexual offence trained investigator and offence outcome. There was a statistically significant association between whether offences had a specialist sexual offence trained investigator and offence outcome ($\chi^2(3)=16.44$, $p<0.001$). Offences where the investigation team included at least one specialist sexual offence trained investigator had an almost eight percent higher proportion of offences solved and close to 11 percent lower proportion of offences withdrawn (see Figure 4).

**Figure 4: Offence outcomes with specialist sexual offence trained investigators for Indigenous women (%) (*n*=1,500)**




## *Indigenous men*

### Demographics

There were 124 Indigenous male victim-survivors in the sample (1% of the total sample). The mean age at date of reporting and of the offence occurring is approximately 30 years, and 34 percent of the total sample were victim-survivors of a sexual offence on two or more occasions.

The QPRIME data identify 181 sexual offences in Queensland reported by adult Indigenous male victim-survivors between 1 January 2017 and 31 December 2022. Figure 5 shows that 56 (31%) had a solved outcome. Just over 35 percent of offences were withdrawn by the victim-survivor (*n*=64), and 17 percent of offences (*n*=31) were unfounded. The remaining 30 offences (17%) were recorded as unsolved. Percentages have been rounded.

**Figure 5: Offence outcomes for Indigenous men (*n*=181)**

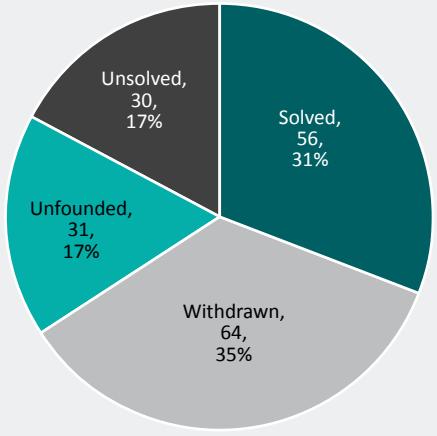


Table 7 shows that most of the sample involved a single offence (77%, *n*=116), rather than multiple offences, in an occurrence (23%, *n*=35). Most offences occurred in a non-domestic setting (58%, *n*=87), and two percent had a DV flag associated with the offence (*n*=3). We excluded the DV flag variable from the multinomial regression because the number of offences was low. Most occurrences had a single victim-survivor (93%, *n*=140), and 44 percent of all offences were aggravated sexual offences (*n*=67). Most offences showed that no referral was provided (90%, *n*=136) and no SAIK recorded as provided (93%, *n*=138). Most did not involve an investigator trained in specialist sexual offence investigation (76%, *n*=114).

**Table 7: Victim-survivor demographics—Indigenous men**

| | *n* | % |
|---|---|---|
| **Victim-survivors** | | |
| Total | 124 | 100.0 |
| Multiple victimisations | 20 | 16.1 |
| | *M* | *SD* |
| Age at time of offence | 29.81 | 10.39 |
| Age at reporting of offence | 30.74 | 10.63 |
| Age range | 16–59 | |
| | *n* | % |
| **Investigative outcome** | | |
| Total offences | 181 | 100.0 |
| Solved (cleared) | 56 | 30.9 |
| Withdrawn (cleared) | 64 | 35.4 |
| Unfounded (cleared) | 31 | 11.9 |
| Unsolved (uncleared) | 30 | 16.6 |
| **Cleared offences** | | |
| Total | 151 | 100.0 |
| Single offence at occurrence | 116 | 76.8 |
| Multiple offences at occurrence | 35 | 23.2 |
| Occurred in non-domestic setting | 87 | 57.6 |
| Occurred in dwelling | 64 | 42.4 |
| No DV flag | 148 | 98.0 |
| DV flag | 3 | 2.0 |
| DV flag in dwelling | 2 | 66.7 |
| Single victim-survivor at occurrence | 140 | 92.7 |
| Multiple victim-survivors at occurrence | 11 | 7.3 |
| Metropolitan area | 57 | 37.7 |
| Regional area (inner, outer) | 39 | 25.8 |
| Remote area (remote, very remote) | 55 | 36.4 |
| No specialist sexual offence trained investigator | 114 | 75.5 |
| Specialist sexual offence trained investigator | 37 | 24.5 |
| SAIK recorded | 13 | 8.6 |

| Table 7: Victim-survivor demographics—Indigenous men (cont.) | | |
|---|---|---|
| | *n* | % |
| No SAIK recorded | 138 | 92.8 |
| Referral provided to victim-survivor | 15 | 9.9 |
| No referral provided to victim-survivor | 136 | 90.1 |
| Non-aggravated sexual offences | 84 | 55.6 |
| Aggravated sexual offences | 67 | 44.4 |
| | *M* | *SD* |
| Number of days between offence and reporting | 325.10 | 989.01 |
| Number of days between reporting and cleared | 74.81 | 147.34 |

### Factors that predict withdrawn and unfounded offences

Table 8 shows the results of the multinomial regression for withdrawn and unfounded offence outcomes for Indigenous male victim-survivors. The model was statistically significant, with the variables significantly improving the model compared with the intercept alone ($\chi^2(24)=59.33$, $p<0.001$, Cox and Snell $R^2=0.33$). As we noted above, DV flag was not included in this model.

| Table 8: Factors predictive of withdrawn and unfounded outcomes—Indigenous men (*n*=151) | | | | |
|---|---|---|---|---|
| | B | OR | % | Increase/decrease probability |
| | | **Withdrawn** | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −0.53 | 0.59 | 41.1 | Non-significant |
| Age at time of offence | 0.53 | 1.70 | 69.8 | Non-significant |
| Repeated victimisation | 0.32 | 1.38 | 38.2 | Non-significant |
| **Case factors** | | | | |
| Multiple victim-survivors at offence | −0.45 | 0.64 | 56.5 | Non-significant |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −2.39* | 0.09 | 90.8 | Decreased withdrawal |
| Dwelling status | −0.11 | 0.89 | 10.6 | Non-significant |
| Sexual offence severity | 0.52 | 1.68 | 67.6 | Non-significant |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.53 | 0.59 | 61.1 | Non-significant |
| Specialist sexual offence trained investigator | −1.43** | 0.24 | 76.2 | Decreased withdrawal |
| **Resource factors** | | | | |
| Regionality | 0.04 | 1.04 | 4.3 | Non-significant |
| SAIK recorded | 0.27 | 1.31 | 31.2 | Non-significant |

| Table 8: Factors predictive of withdrawn and unfounded outcomes—Indigenous men (*n*=151) (cont.) | | | | |
|---|---|---|---|---|
| | B | OR | % | Increase/decrease probability |
| **Unfounded** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | 0.43 | 1.54 | 53.8 | Non-significant |
| Age at time of offence | −0.41 | 0.66 | 33.8 | Non-significant |
| Repeated victimisation | −0.23 | 0.79 | 20.7 | Non-significant |
| **Case factors** | | | | |
| Multiple victim-survivors at offence | −0.45 | 0.64 | 36.2 | Non-significant |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −2.34** | 0.10 | 90.4 | Decreased unfounded |
| Dwelling status | 0.41 | 1.51 | 50.9 | Non-significant |
| Sexual offence severity | 1.14* | 3.12 | 211.5 | Increased unfounded |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −1.62 | 0.20 | 19.8 | Non-significant |
| Specialist sexual offence trained investigator | −0.18 | 0.84 | 16.2 | Non-significant |
| **Resource factors** | | | | |
| Regionality | −0.12 | 0.89 | 11.2 | Non-significant |
| SAIK recorded | 0.63 | 1.87 | 87.3 | Non-significant |

**statistically significant at $p<0.01$, *statistically significant at $p<0.05$

### Withdrawn

Occurrences having multiple offences decreased the probability of withdrawal by 91 percent (OR=0.09). The inclusion of a specialist sexual offence trained investigator decreased the probability of withdrawal by 76 percent (OR=0.24).

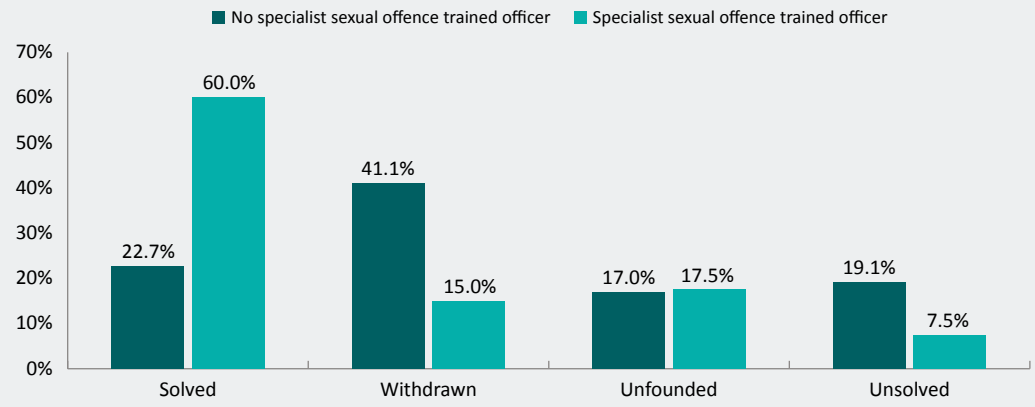
### Unfounded

Offence severity and number of offences were also associated with unfounding. Specifically, the probability of unfounding increased by 212 percent (OR=3.12) if the reported offence was an aggravated sexual offence. The probability of unfounding decreased by 90 percent (OR=0.10) where there were multiple offences within an occurrence.

### Specialist sexual offence training

There was a statistically significant association between whether offences had a specialist sexual offence trained investigator and offence outcome ($\chi^2(3)=22.59$, $p<0.001$). The largest differences found across the subpopulations occurred in offences involving Indigenous men ($n=181$) as victim-survivors. Figure 6 shows that occurrences involving specialist trained investigators resulted in a greater percentage (37%) of solved offences and lower withdrawal (26%) and unsolved (12%) offence outcomes than occurrences without such trained investigators. We acknowledge the small number of occurrences informing these results. However, we also recognise the possibility that components of the ISACURE course, addressing low reporting rates among men and Indigenous men, may have influenced practice.

**Figure 6: Offence outcomes with specialist sexual offence trained investigators for Indigenous men (%) ($n=181$)**



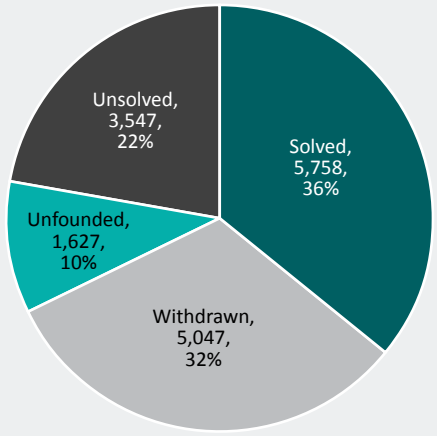

## *Non-Indigenous women*

### Demographics

There were 10,246 non-Indigenous female victim-survivors in the sample (83% of the total sample). The mean age at date of reporting and of the offence occurring was approximately 30 years, and almost 31 percent of the total sample were victim-survivors of a sexual offence on two or more occasions.

Adult non-Indigenous female victim-survivors reported 15,979 sexual offences in Queensland. Figure 7 shows that 5,759 (36%) had a solved outcome, 32 percent of offences were withdrawn by the victim-survivor ($n=5,047$), and just over 10 percent of offences ($n=1,627$) were determined to be unfounded. The remaining 3,547 offences (22%) were recorded as unsolved. Percentages are rounded.

**Figure 7: Offence outcomes for non-Indigenous women (*n*=15,979)**




The number of offences with a 'cleared' outcome was 12,432. Table 9 shows that most occurrences involved a single offence rather than multiple offences (84%, *n*=10,495 vs 16%, *n*=1,937). More than half the incidents (59%, *n*=7,280) occurred in a domestic dwelling, and six percent had a DV flag associated with the offence (*n*=755).

Most occurrences involved a single victim-survivor (89%, *n*=11,055), and 56 percent of all offences were aggravated sexual offences (*n*=6,936). Most offences had no referral provided (62%, *n*=7,647) and no SAIK provided (86%, *n*=10,664) and did not involve an investigator trained in specialist sexual offence investigation (78%, *n*=9,744).

**Table 9: Victim-survivor demographics—non-Indigenous women**

| | *n* | % |
|---|---|---|
| **Victim-survivors** | | |
| Total | 10,246 | 100.0 |
| Multiple victimisations | 1,512 | 14.8 |
| | *M* | *SD* |
| Age at time of offence | 29.4 | 14.12 |
| Age at reporting of offence | 30.1 | 14.28 |
| Age range | 16–99 | |
| | *n* | % |
| **Investigative outcome** | | |
| Total offences | 15,979 | 100.0 |
| Solved (cleared) | 5,758 | 36.0 |
| Withdrawn (cleared) | 5,047 | 31.6 |
| Unfounded (cleared) | 1,627 | 10.2 |
| Unsolved (uncleared) | 3,547 | 22.2 |

| Table 9: Victim-survivor demographics—non-Indigenous women (cont.) | | |
|---|---|---|
| | *n* | % |
| **Cleared offences** | | |
| Total | 12,432 | 100.0 |
| Single offence at occurrence | 10,495 | 84.4 |
| Multiple offences at occurrence | 1,937 | 15.6 |
| Occurred in non-domestic setting | 5,152 | 41.4 |
| Occurred in dwelling | 7,280 | 58.6 |
| No DV flag | 11,677 | 93.9 |
| DV flag | 755 | 6.1 |
| DV flag in dwelling | 697 | 92.2 |
| Single victim-survivor at occurrence | 11,055 | 88.9 |
| Multiple victim-survivors at occurrence | 1,377 | 11.1 |
| Metropolitan area | 8,217 | 66.1 |
| Regional area (inner, outer) | 3,171 | 25.5 |
| Remote area (remote, very remote) | 1,044 | 8.4 |
| No specialist sexual offence trained investigator | 9,744 | 78.3 |
| Specialist sexual offence trained investigator | 2,694 | 21.7 |
| SAIK recorded | 1,748 | 14.2 |
| No SAIK recorded | 10,664 | 85.8 |
| Referral provided to victim-survivor | 4,785 | 38.5 |
| No referral provided to victim-survivor | 7,647 | 61.5 |
| Non-aggravated sexual offences | 5,496 | 44.2 |
| Aggravated sexual offences | 6,936 | 55.8 |
| | *M* | *SD* |
| Number of days between offence and reporting | 288.75 | 1,245.94 |
| Number of days between reporting and cleared | 70.26 | 328.60 |

### Factors that predict withdrawn and unfounded offences

Table 10 shows the results of the multinomial regression for withdrawn and unfounded offence outcomes for non-Indigenous female victim-survivors. The model was statistically significant, with the variables significantly improving the model compared with the intercept alone ($\chi^2(26)=3049.75$, $p<0.001$, Cox and Snell $R^2=0.22$).

**Table 10: Factors predictive of withdrawn and unfounded outcomes—non-Indigenous women (*n*=12,432)**

| | B | OR | % | Increase/decrease probability |
|---|---|---|---|---|
| **Withdrawn** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | 0.13** | 1.14 | 14.4 | Increased withdrawal |
| Age at time of offence | −0.14** | 0.87 | 13.1 | Decreased withdrawal |
| Repeated victimisation | 0.00 | 1.00 | 0.0 | Non-significant |
| **Case factors** | | | | |
| DV flag | 0.41* | 1.51 | 51.1 | Increased withdrawal |
| Multiple victim-survivors at offence | −0.15** | 0.86 | 14.1 | Decreased withdrawal |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −1.90* | 0.15 | 85.0 | Decreased withdrawal |
| Dwelling status | 0.32* | 1.38 | 38.0 | Increased withdrawal |
| Sexual offence severity | 1.40* | 4.06 | 306.3 | Increased withdrawal |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.28* | 0.75 | 24.7 | Decreased withdrawal |
| Specialist sexual offence trained investigator | −0.39* | 0.68 | 32.3 | Decreased withdrawal |
| **Resource factors** | | | | |
| Regionality | −0.15* | 0.86 | 14.2 | Decreased withdrawal |
| SAIK recorded | −0.86* | 0.42 | 57.6 | Decreased withdrawal |
| **Unfounded** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −0.05 | 0.96 | 4.4 | Non-significant |
| Age at time of offence | 0.07** | 1.07 | 7.1 | Increased unfounded |
| Repeated victimisation | 0.20* | 1.22 | 22.2 | Increased unfounded |
| Case factors | | | | |
| DV flag | −1.14* | 0.32 | 67.9 | Decreased unfounded |
| Multiple victim-survivors at offence | −0.27** | 0.76 | 23.7 | Decreased unfounded |

**Table 10: Factors predictive of withdrawn and unfounded outcomes—non-Indigenous women (*n*=12,432) (cont.)**

| | B | OR | % | Increase/decrease probability |
|---|---|---|---|---|
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −1.53* | 0.22 | 78.3 | Decreased unfounded |
| Dwelling status | −0.14** | 0.87 | 12.9 | Decreased unfounded |
| Sexual offence severity | 1.33* | 3.78 | 278.1 | Increased unfounded |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.80* | 0.45 | 55.0 | Decreased unfounded |
| Specialist sexual offence trained investigator | −0.17** | 0.84 | 15.9 | Decreased unfounded |
| **Resource factors** | | | | |
| Regionality | −0.03 | 0.97 | 3.1 | Non-significant |
| SAIK recorded | −0.32* | 0.73 | 27.4 | Decreased unfounded |

**statistically significant at $p<0.01$, *statistically significant at $p<0.05$

### Withdrawn

Age is significant: the older the victim-survivor at the time of reporting the offence, the greater the probability that the offence will be withdrawn (OR=1.14). Inversely, the older the victim-survivor is at the time of the offence, the lower the likelihood of it being withdrawn (OR=0.87).

Consistently with the other results above, if the reported offence was an aggravated sexual offence, the probability of withdrawal increased by 306 percent (OR=4.06). If a DV flag was associated with the offence, the odds of the victim-survivor withdrawing the offence increased by 51 percent (OR=1.51). If the offence occurred in a domestic dwelling, the odds of the victim-survivor withdrawing the offence increased by 38 percent (OR=1.38). If the offence occurred in a regional or remote location, the probability of withdrawal decreased by 14 percent (OR=0.86). Multiple offences and multiple victim-survivors at the occurrence also decreased the probability of the offence being withdrawn by 85 percent and 14 percent, respectively (OR=0.15 and 0.86).

The provision of a SAIK reduced the probability of offence withdrawal by 58 percent (OR=0.42). The inclusion of a specialist sexual offence trained investigator and the offering of a referral also decreased the probability of withdrawal, by 32 percent and 25 percent, respectively (OR=0.68 and 0.75).

### Unfounded

Of the victim-survivor factors, previous victimisation increased the odds of unfounding by 22 percent (OR=1.22). Additionally, the older the victim-survivor was at the time of the offence, the greater the likelihood of an unfounded outcome (OR=1.07).

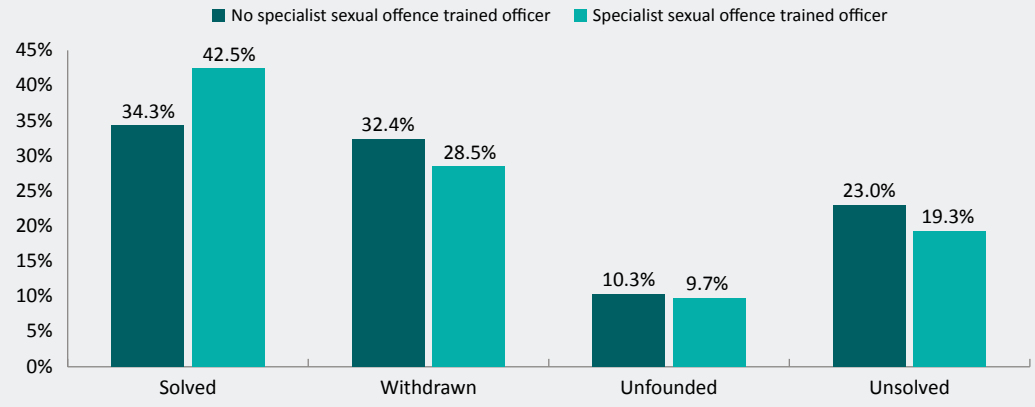
Consistent with previous findings, the strongest association with the offence being unfounded was the case factor of offence severity; if the reported offence was an aggravated sexual offence, the probability of an unfounded offence increased by 278 percent (OR=3.78). If a DV flag was associated with the offence, and if the victim-survivor reported the offence occurrence in a domestic dwelling, the odds of the offence being unfounded decreased by 68 percent and 13 percent (OR=0.32 and 0.87). Occurrences with multiple offences and multiple victim-survivors were less likely to be unfounded, by 78 percent and 24 percent, respectively (OR=0.22 and 0.76).

The application of a SAIK reduced the probability of the offence being unfounded by 27 percent (OR=0.73). The inclusion of a specialist sexual offence trained investigator and offering of referral decreased the probability of an unfounded offence outcome by 16 percent and 55 percent, respectively (OR=0.86 and 0.45).

### Specialist sexual offence training

There was a statistically significant association between whether offences had a specialist sexual offence trained investigator and offence outcome ($\chi^2(3)=79.28$, $p<0.001$). Figure 8 shows that offences with at least one specialist sexual offence trained officer in the investigation team had a higher proportion of offences solved and a lower proportion of offences withdrawn and unsolved.

**Figure 8: Offence outcomes with specialist sexual offence trained investigators for non-Indigenous women (%) (*n*=15,979)**



## *Non-Indigenous men*

### Demographics

There were 1,079 non-Indigenous male victim-survivors in the sample (9% of the total sample). The mean age at the date of reporting was approximately 34 years, and 32 percent of the total sample were victim-survivors of a sexual offence on two or more occasions.

Adult non-Indigenous male victim-survivors reported 1,683 sexual offences in Queensland. Figure 9 shows outcomes; 591 (35%) had a solved investigative outcome. Almost 26 percent of offences were withdrawn by the victim-survivor (*n*=436), and 16 percent of offences (*n*=276) were unfounded. The remaining 380 offences (23%) were recorded as unsolved. Percentages have been rounded.

**Figure 9: Offence outcomes for non-Indigenous men (*n*=1,683)**

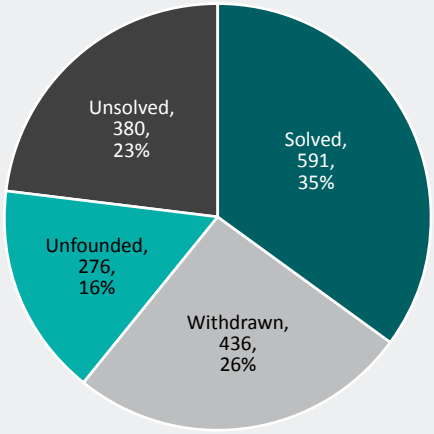



Table 11 shows that the 1,303 cleared offences in the sample were predominantly single offences reported by the victim-survivor at the occurrence/incident (79%, *n*=1,026), rather than as part of an occurrence with multiple offences (21%, *n*=277). Only one percent had a DV flag associated with the offence (*n*=14), although most of these offences occurred in a domestic dwelling (62%, *n*=808). Nearly all incidents involved a single victim-survivor (87%, *n*=1,130), and 41 percent of all offences were recorded as aggravated sexual offences (*n*=529). Most offences did not have a record of a referral (80%, *n*=1,041) or SAIK (93%, *n*=94) provided and did not involve an investigator trained in specialist sexual offence investigation (80%, *n*=1,041).

| Table 11: Victim-survivor demographics—non-Indigenous men | | |
|---|---|---|
| | *n* | % |
| **Victim-survivors** | | |
| Total | 1,079 | 100.0 |
| Multiple victimisations | 101 | 9.4 |
| | *M* | *SD* |
| Age at time of offence | 32.04 | 15.49 |
| Age at reporting of offence | 33.61 | 15.44 |
| Age range | 16–99 | |
| | *n* | % |
| **Investigative outcome** | | |
| Total offences | 1,683 | 1,683 |
| Solved (cleared) | 591 | 35.1 |
| Withdrawn (cleared) | 436 | 25.9 |
| Unfounded (cleared) | 276 | 16.4 |
| Unsolved (uncleared) | 380 | 22.6 |
| **Cleared offences** | | |
| Total | 1,303 | 100.0 |
| Single offence at occurrence | 1,026 | 78.8 |
| Multiple offences at occurrence | 277 | 21.2 |
| Occurred in non-domestic setting | 808 | 62.0 |
| Occurred in dwelling | 495 | 38.0 |
| No DV flag | 1,290 | 98.9 |
| DV flag | 14 | 1.1 |
| DV flag in dwelling | 13 | 92.9 |
| Single victim-survivor at occurrence | 1,130 | 86.7 |
| Multiple victim-survivors at occurrence | 173 | 13.3 |
| Metropolitan area | 826 | 63.4 |
| Regional area (inner, outer) | 362 | 27.8 |
| Remote area (remote, very remote) | 115 | 8.8 |
| No specialist sexual offence trained investigator | 1,056 | 81.0 |
| Specialist sexual offence trained investigator | 247 | 19.0 |
| SAIK recorded | 94 | 7.2 |
| No SAIK recorded | 1,209 | 92.8 |
| Referral provided to victim-survivor | 262 | 20.1 |
| No referral provided to victim-survivor | 1,041 | 79.9 |
| Non-aggravated sexual offences | 774 | 59.4 |
| Aggravated sexual offences | 529 | 40.6 |
| | *M* | *SD* |
| Number of days between offence and reporting | 624.35 | 1,975.04 |
| Number of days between reporting and cleared | 70.65 | 131.63 |

### Factors that predict withdrawn and unfounded offences

Table 12 shows the results of the multinomial regression for withdrawn and unfounded offence outcomes for non-Indigenous male victim-survivors. The model was statistically significant, with the variables significantly improving the model compared with the intercept alone ($\chi^2(26)=335.80$, $p<0.001$, Cox and Snell $R^2=0.23$).

**Table 12: Factors predictive of withdrawn and unfounded outcomes—non-Indigenous men (*n*=1,303)**

| | B | OR | % | Increase/decrease probability |
|---|---|---|---|---|
| **Withdrawn** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −0.04 | 0.96 | 3.7 | Non-significant |
| Age at time of offence | 0.02 | 1.02 | 1.7 | Non-significant |
| Repeated victimisation | 0.01 | 1.01 | 0.1 | Non-significant |
| **Case factors** | | | | |
| DV flag | 0.77 | 2.16 | 115.8 | Non-significant |
| Multiple victim-survivors at offence | 0.53* | 1.69 | 69.1 | Increase withdrawal |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −2.25* | 0.11 | 89.4 | Decreased withdrawal |
| Dwelling status | 0.06 | 1.06 | 6.0 | Non-significant |
| Sexual offence severity | 1.37* | 3.93 | 293.4 | Increased withdrawal |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.38* | 0.69 | 31.4 | Decreased withdrawal |
| Specialist sexual offence trained investigator | −0.55* | 0.58 | 42.4 | Decreased withdrawal |
| **Resource factors** | | | | |
| Regionality | −0.31* | 0.73 | 26.8 | Decreased withdrawal |
| SAIK recorded | −0.47 | 0.63 | 37.3 | Non-significant |
| **Unfounded** | | | | |
| **Victim-survivor factors** | | | | |
| Age at reporting of offence | −0.11 | 0.90 | 10.5 | Non-significant |
| Age at time of offence | 0.12 | 1.13 | 12.6 | Non-significant |
| Repeated victimisation | 0.18 | 1.19 | 19.1 | Non-significant |

**Table 12: Factors predictive of withdrawn and unfounded outcomes—non-Indigenous men (*n*=1,303) (cont.)**

| | B | OR | % | Increase/decrease probability |
|---|---|---|---|---|
| **Case factors** | | | | |
| DV flag | −0.78 | 0.46 | 54.3 | Non-significant |
| Multiple victim-survivors at offence | 0.11 | 1.12 | 11.6 | Non-significant |
| Days between reporting and clearing of offence | 0.00 | 1.00 | 0.0 | Non-significant |
| Multiple offences at occurrence | −1.67* | 0.19 | 81.1 | Decreased unfounded |
| Dwelling status | 0.01 | 1.01 | 1.4 | Non-significant |
| Sexual offence severity | 1.26* | 3.54 | 253.9 | Increased unfounded |
| **Police response factors** | | | | |
| Referral provided to victim-survivor | −0.61* | 0.54 | 45.9 | Decreased unfounded |
| Specialist sexual offence trained investigator | −0.11 | 0.90 | 10.0 | Non-significant |
| **Resource factors** | | | | |
| Regionality | −0.02 | 0.98 | 1.9 | Non-significant |
| SAIK recorded | −0.22 | 0.80 | 19.7 | Non-significant |

**statistically significant at $p<0.01$, *statistically significant at $p<0.05$

### Withdrawn

If the reported offence was an aggravated sexual offence, the probability of withdrawal increased by 293 percent (OR=3.93). For multiple offences and multiple victim-survivors, the probability of withdrawal decreased by 89 percent and 69 percent, respectively (OR=0.11 and 0.31). If the offence occurred in a regional or remote location, the probability of withdrawal decreased by 27 percent (OR=0.73).

The inclusion of a specialist sexual offence trained investigator and the offer of a referral decreased the probability of withdrawal by 42 percent and 31 percent, respectively (OR=0.58 and 0.69).

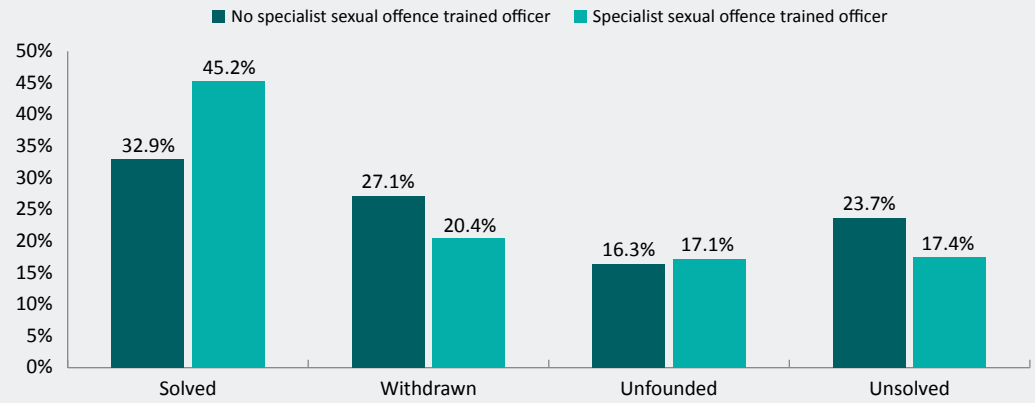
### Unfounded

If the reported offence was an aggravated sexual offence, the probability of an unfounded offence increased by 254 percent (OR=3.54). Occurrences with multiple offences were associated with an 81 percent decrease in the probability of the offence being unfounded (OR=0.19). Offering a referral decreased the probability of an unfounded offence outcome by 46 percent (OR=0.54).

### Specialist sexual offence training

There was a statistically significant association between whether an offence had a specialist sexual offence trained investigator and offence outcome ($\chi^2(3)=19.11$, $p<0.001$). Figure 10 shows that offences where the investigation team included at least one specialist sexual offence trained investigator had a 12 percent higher proportion of offences solved, an almost seven percent lower proportion of offences withdrawn and an approximately six percent lower proportion of offences unsolved.

**Figure 10: Offence outcomes with specialist sexual offence trained investigators for non-Indigenous men (%) (*n*=1,683)**




## Summary

Across all victim-survivor groups, case outcomes were shaped by a combination of factors related to the case, the victim-survivor and police responses.

### *Case factors*

Aggravated sexual offences (ie rape, attempted rape) were more likely to be withdrawn and unfounded than non-aggravated sexual offences (ie indecent assault, contact through clothing), while the presence of multiple offences within an occurrence reduced the likelihood of these outcomes. DFV-related sexual offences had significant but mixed effects on case outcomes for female victim-survivors (but not males). Cases with a DV flag were less likely to be unfounded by police for female victim-survivors (both Indigenous and non-Indigenous women), while a DV flag was associated with an increased likelihood of withdrawal for non-Indigenous women.

### *Victim-survivor factors*

The impact of victim-survivor demographics on case outcomes varied. Among non-Indigenous female victim-survivors, older age at reporting was linked to higher withdrawal, whereas older age at the time of the offence was associated with reduced withdrawal. For non-Indigenous female victim-survivors, previous victimisation was associated with an increased likelihood of the case being unfounded.

### *Police response factors*

Police response factors played a protective role; the involvement of a specialist sexual offence trained investigator and offering a referral to a victim-survivor decreased the likelihood a case would be withdrawn or unfounded across all demographic groups.

## Resourcing and availability

We performed supplementary analysis to determine the proportion of offences with a SAIK recorded as provided to victim-survivors across regionality and for offences with and without a specialist sexual offence trained investigator. Descriptives for the mean distance between the offence location and the location of the cleared unit's stations across the subpopulations were also reviewed. Table 13 shows results.

Generally, SAIKs were provided at a lower rate (3–5% lower) in metropolitan, rather than regional or remote, areas. Additionally, offences where the investigative team has at least one specialist sexual offence trained investigator had an almost 10 percent higher proportion of SAIKs being recorded as provided to the victim-survivor. Finally, the greatest distance between offence location and the location of the policing unit which cleared the offence was observed for Indigenous male victim-survivors.

**Table 13: Percentage of offences with SAIK recorded as performed (*n*=2,179)**

| | Total sample | Non-Indigenous female | Non-Indigenous male | Indigenous female | Indigenous male |
|---|---|---|---|---|---|
| Total proportion of SAIKs provided to victim-survivor (%) | 14.5 | 14.2 | 7.2 | 25.7 | 8.2 |
| Metropolitan (%) | 13.1 | 13.7 | 5.4 | 19.1 | 5.3 |
| Regional (%) | 15.9 | 15.3 | 11.6 | 26.8 | 5.1 |
| Remote (%) | 18.4 | 14.9 | 6.1 | 28.8 | 14.5 |
| No specialist sexual offence trained investigator (%) | 12.4 | 12.3 | 5.5 | 22.0 | 6.1 |
| Specialist sexual offence trained investigator (%) | 21.9 | 21.0 | 14.6 | 37.4 | 16.2 |
| Mean (*SD*) distance between offence and cleared investigative unit in km | 34.92 (141.59) | 28.27 (113.31) | 69.18 (248.19) | 45.44 (156.43) | 168.14 (392.11) |

# Results: Part 2—Qualitative data

The official data reported thus far do not capture the dynamic context in which investigations occur. Therefore, in this section, we engage with the perspectives of QPS officers, prosecutors and staff across the state as well as medical staff and service providers to gain insights on case, police and resource factors that may impact case outcomes for reported sexual offences. Interviews and focus group discussions with police officers, medical staff and support service providers revealed three overarching factors that influence the withdrawal and unfounding of sexual offence cases:

- the imbalance between demand and resources;
- police being equipped to effectively investigate; and
- system-level capacity issues that lead to an accumulation of negative effects.

Table 14 presents our observations. Each factor influences case progression and outcomes by either reducing or driving withdrawal and unfounded outcomes.

**Table 14: Factors that influence case withdrawal and unfounding**

| Factor | Description of themes | Impact on withdrawal and unfounding |
|---|---|---|
| Demand | An impossible workload | Increases |
| | Competing priorities | Increases |
| Equipping and resourcing | Specialist sexual assault investigation training | Decreases |
| | Resources to equip and support investigators | Decreases |
| | Burnout and poor wellbeing | Increases |
| System-level factors | Access to forensic medical examinations | Increases |
| | Prosecutorial decisions | Increases |
| | Accumulation of system-level factors on police | Increases |

The following sections explore the relationship between each factor and the withdrawal and unfounding of cases.

## Police capacity and capability

A prominent theme across all sites was the imbalance between resources and demand, which affects the capacity of officers to consistently deliver their best service to victim-survivors. Police capacity is the ability of available resources—namely staffing, equipment and infrastructure—to meet workload or 'demand' (Elliott-Davies & Houdmont 2016; Laufs et al. 2021). While the allocation of resources to meet demand has been a consistent focus of policing organisations (Sherman 1992), these organisations are facing a growing staffing crisis in the recruitment and retention of police officers nationally and globally (Adams, Mourtgos & Nix 2023; Drew, Sargeant & Martin 2024; Quick & Wolff 2024). Increasingly limited police resources, including personnel and technology, combined with increasing demand has hindered the capacity of police to provide effective and efficient responses to crime (Miles-Johnson & Fay 2023; Mourtgos, Adams & Nix 2024; QAO 2024b). In Australia, demands related to a growing population, increased reporting, emerging crime types (eg cybercrime) and government initiatives (eg policing youth crime) have placed pressure on already limited police resources (Miles-Johnson & Fay 2023; Police Federation of Australia 2024; QAO 2024b).

Given this, it is unsurprising that a major qualitative finding of this study is an imbalance between the investigative demands placed on limited police resources and the organisational capacity to meet them.

Analysis of discussions in 21 focus groups and 24 interviews overwhelmingly indicates the current demands on police outweigh the availability of resources to respond effectively to sexual offences. Police emphasise workloads and continually shifting priorities as key factors that impact case outcomes.

Police capacity and capability are contingent upon having sufficient trained resources to meet growing demand (Elliott-Davies & Houdmont 2016; Laufs et al. 2021). A recent audit of QPS capacity identified key demands on Queensland police, including increasing crime rates, growth in cybercrime, increased reporting of sexual violence and DFV and shifting community expectations for police responses to trending crime problems (eg youth crime; QAO 2024b). To understand police capacity, we asked interview and focus group participants whether they believed that they were able to meet demand; universally, the answer was no. Thematic analysis found that the primary factors that drive investigator demand related to two overarching factors: an impossible workload and competing priorities. These factors and their impacts on case attrition are explored below.

### *An impossible workload*

> We're just so under the pump all the time … this place is severely out of control, and we've effectively [been] told to expect that it will be for some time, that there isn't help coming. (FG9P)

When asked about the specific demands they faced, investigators consistently reported a workload that was overwhelming in size and scope, making it difficult to manage and investigate cases effectively. While a portion of this workload was sexual offence related, the sheer quantity of cases meant that investigators were simply unable to keep up with demand. Workload was frequently discussed in terms of 'task lists', meaning the list of cases or 'jobs' each investigator was allocated. The proportion of sexual offences on the task list varied from just a few to half of a task list, but what was consistent across all areas was an inability to 'get on top of' these demands. In one focus group (FG5), investigators shared their view that the workload is 'impossible', with an average of 30 to 40 tasks per investigator, one-fifth of which are sexual offences.

Police were acutely aware of the number of tasks on their list and the proportion that are sexual offences, stating that they had been unable to 'close' or progress sexual offence cases because of their overall workload. The diverse range of crime types that comprise investigators' workloads made it difficult to manage tasks effectively:

> In my head I'm thinking, 'I wish I had somebody to respond.' Honestly, I honestly do. I think there's been a big shift in police in the last probably five years about how we deal with sexual violence victims, which is a good thing. I think we're much better at it. I keep coming back to it; it's a capacity issue. We have to triage everything that we do because we don't have sufficient staff to deal with the workload that's coming through. (IP3)

Because investigators of sexual offences are also responsible for investigating other serious crimes, they lack specialisation in one crime type. This has the effect of increasing demand as investigators shift their focus for each case, drawing on different skill sets and employing different investigative strategies specific to the crime type, from financial fraud to rape and homicide. One investigator explained:

> The scope of our work that we do at CIB is massive. We look after such a large array of serious offences and that includes historical DV and sexual assault matters, which take a lot of time to investigate, but also multimillion-dollar frauds that are really labour intensive as far as getting financial records, interviewing parties, travelling to do this, in order to progress those matters. (IP10)

Demand driven by increasing property crime was frequently cited as negatively impacting sexual offence investigations:

> I think the biggest problem for rape complaints is property crime. We've got these breaks, so we try to do a snappy search warrant and grab fingerprint hits. We go to the scene and all of a sudden, we've got 500 tools from four different breaks. We find ourselves wrapped in that for two, three, four weeks, then days off, then DV training, or some other thing, and we go, 'Hang on, this poor person, we haven't done anything with their complaint for six months.' (FG9P)

Such demands on investigators' workload meant that investigators worked overtime on a regular basis to attempt to manage their cases:

> Your boss says to tell your victims that you're allocating time to work on these historical sex offences between your property crime jobs. Property crime is just bang, bang, bang, the whole time. Like, you're not given time to do it. So that would be lying to your victim, because you're not given time. (FG12P)

Investigators reported being 'unofficially always on call' and working overtime on a regular basis:

> If there's a job that has to be done, it has to be done. We don't have the ability to just go, 'Nah, 4 o'clock, I'm going home.' If someone's been murdered or raped, we have to stay, we have to do it. (FG11P)

Despite working excessive hours, investigators were still unable to keep up with their workload, which increased every morning after the previous night's jobs were allocated. This meant that investigations did not receive the attention needed. One investigator noted, 'We have too much work individually to be able to do all the work properly.' This highlights the impact of an impossible workload on the quality of investigations. A further consequence, according to investigators, is that non-urgent sexual offences are neglected. Cases in which the offending had occurred years or even decades earlier meant that investigators 'prioritised harm' over historical cases. One investigator explained:

> What happens with sexual offences is they might have happened two, three years ago, maybe longer, so the person's now in a safe environment. They've got themselves in a position where they can function emotionally or psychologically, and they're in a position where, 'Okay, I can report this now.' So you take a statement from them, and then something will pop up where someone's running around with a gun, so now that's your focus. Then you think about this sexual offence, rape, whatever it is, and you're like, 'Okay, I've got to work on that, but this gun situation is time sensitive. I need to get this done now, whereas that person's safe.' A few jobs like this back up, and then all of a sudden … it's been 12 months. (FG9P)

Significant delays in addressing historical sexual offences were repeatedly discussed. Investigators stated that these cases 'have been sitting there for yonks' and 'get put on the backburner because there's just too much other work'. High workload means that officers cannot prioritise both time-sensitive offences and historical cases, so they choose the former. The quantity and diversity of workload that investigators face has significantly impacted their ability to effectively manage and progress cases, which is consequential for victim-survivor engagement and, ultimately, case progression to resolution.

### *Competing priorities*

A recurring theme across all discussions was the additional demand of competing priorities, which hindered investigators' capacity to respond to sexual offences. Pressure to respond to organisational priorities and politically significant crime problems—youth crime and DFV—was repeatedly discussed as limiting the focus on sexual violence offences. This problem is not unique to the QPS. Police organisations in Australia and elsewhere have long measured performance through activity quotas (eg reported crime, response time) and outcome metrics (eg clearance rates) rather than service quality (Rosenbaum 2025). Many investigators perceived that the organisation and its associated performance indicators prioritised responses to youth crime and DFV over sexual offences outside of a DFV relationship. This diminished police capacity to attend to sexual offences, to protect victim-survivors from harm (including homicide) and to prevent future offending:

> We have to prioritise certain non-sexual offences even though we might have a more serious offence. If we don't deal with a DV matter, even if it's more of a minor nature, it's very political. We could receive a ministerial complaint that would cause individual difficulties. So we deal with them just to cover our own backs. We shouldn't really be doing that. We should be prioritising the crime according to how serious it is. (FG8P)

> We prioritise DV offences not because they're necessarily the most serious things that we have on our work list, but also there's a level of self-preservation for us. If we don't deal with a fraud in a timely matter regardless of the size, we're not really going to get too much heat. But if we don't deal with a DV at the moment, it will sink us as individuals. (IP10)

Research has found that sexual violence investigations take longer than those of most other crime types (except for DFV) and have lower clearance rates (Audit Office of New South Wales 2022; Sparrow 2015). If workload and volume are not factored into these metrics, it may appear that officers are underperforming. Yet the comments above reflect an organisational culture where investigators feel pressured to produce demonstrable results without attracting criticism (from local or organisational management) or compromising the opportunity for promotion. Although no participants in this study expressed this as prioritising quick wins, it is conceivable that individual officers may be more likely to prioritise certain crime types (eg property crime) over those requiring more protracted investigations.

Youth crime was also identified as an organisational priority that exacerbated demand by redirecting investigators' time and resources away from what investigators considered more serious matters. Several questioned the disproportionate focus on what was perceived as a politically significant crime problem. One investigator said:

> The serious jobs like sexual assault, they're life changing, life ruining stuff. And they're not getting any attention at all because some kid walked into a bottle shop and stole a bottle of vodka, and we end up dealing with that instead. (FG4P)

This example reveals an organisational vulnerability: the prioritisation of visible and politically charged issues (namely youth crime and property crime) over less visible but more serious crimes, like sexual assault. It reflects an organisational focus on short-term reputational management rather than long-term justice outcomes.

Additionally, investigators perceived that the organisation had prioritised DFV training over sexual offence specific training. While DFV and sexual violence often intersect, the lack of service-wide specialist training for sexual offences, in tandem with the mandatory allocation of time to DFV responses, limited investigators' capacity to effectively progress sexual offences. One investigator said:

> We've just recalled all of our domestic violence and issued training packages, it's somewhat political. We've had all these inquests in relation to some of the deaths [in custody] and homicides we've had. Sex offences aren't going away, they're increasing … yet we as an organisation haven't progressed in training and educating our staff in that. (FG8P)

Pressures to prioritise youth crime were similarly driven by organisational directives. Here, too, competing demands left sexual offence matters understaffed and under-investigated to an even greater extent than DFV. Investigators explained that responding to youth crime is disproportionately resource intensive for police; high-volume incidents, procedural and legislative requirements, coordination with other agencies and engaging with parents or guardians can consume entire shifts, leaving little time for other investigations:

> One of the problems is that we can't get to historic sex offences. They take a lot of time and resources to investigate, there's nobody in danger now. Then kids come up from another city and break into 10 to 16 houses overnight. When we come to work the next day, that's our shift gone and nothing else is touched. Two juveniles will take us all day. So historical keep moving farther and farther down the list. (FG4P)

Investigators described the demand of youth crime as 'relentless', a priority that strains police capacity for every other task on their list. One investigator stated: 'Responding to juvenile crime is probably the worst thing that can happen to our sexual assault investigations.'

The competing priorities of youth crime and DFV lead to repeated delays and disrupt police capacity to progress time-intensive sexual offence investigations. Investigators acknowledged the impacts of these delays and recognised that victim-survivors may disengage because their cases remained unresolved. Without a re-evaluation of organisational priorities, the ability to address the increasing demands of sexual offence investigations remains constrained.

## Equipping police

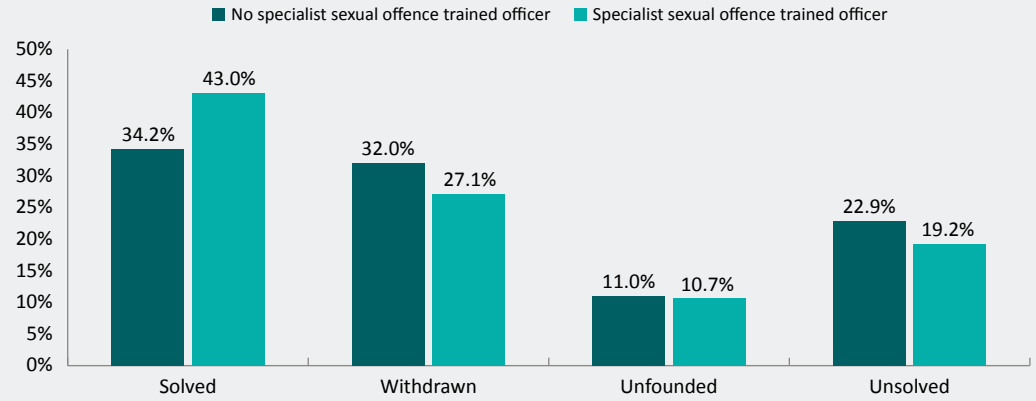
Sexual offences have profound neuro-psychosocial impacts on victim-survivors, including trauma-related disruptions to memory, emotional regulation and trust. These impacts can influence how victim-survivors recall events, respond to questioning and navigate the criminal justice process. Without specialised training, police may inadvertently approach investigations in ways that retraumatise victim-survivors (Campbell et al. 1999; Darwinkel, Powell & Tidmarsh 2013; Growette Bostaph, King & Brady 2021; Lorenz, Dewald & Venema 2021; Maier 2008). Trauma can affect memory recall, leading to fragmented, incomplete or inconsistent recollections of events which police without specialist knowledge may misinterpret as a lack of credibility rather than as a common response to traumatic experiences (Franklin et al. 2023; Sleath & Bull 2017). Research also indicates that, without specialist training, police may perceive particular cohorts and behaviours (eg alcohol or drug use) as less credible (O'Neal 2019). Specialised sexual assault training equips officers with trauma-informed approaches, increasing their ability to engage effectively with victim-survivors and to interpret seemingly inconsistent or fragmented narratives in the context of trauma (Tidmarsh & Hamilton 2020). Specialist training improves victim-survivors' experience and also improves investigative outcomes (Bennett et al. 2019).

From our analysis of the qualitative data, we present key themes relating to how appropriately equipping police improves trauma-informed investigative practices and officer wellbeing. Consistent with the literature, this section underscores the importance of the QPS investment in high-quality, trauma-informed, victim-centric training to equip officers for effective investigative responses and the service they provide to victim-survivors and the community.

### *Data insights*

The section *Results: Part 1—Official police data* demonstrated that specialist sexual offence training has a positive impact on reducing sexual offence case outcomes of withdrawal, unfounded and unsolved. Figure 11 reflects our analysis of the 19,343 sexual offences reported between January 2017 and December 2022. It shows that the 20 percent of cases investigated by officers who had completed the ISACURE course had a greater percentage (9%) of solved cases outcomes and a lower percentage of withdrawn (5%) and unsolved (4%) outcomes, compared with cases investigated by officers who had not yet completed the course. While specialist training did not significantly impact unfounded case outcomes for any of the four groups, it did translate into a 37 percent higher instance of solved cases and a 26 percent lower instance of withdrawals for cases involving Indigenous men as victim-survivors. These results signal the value of and need for specialist training investment.

**Figure 11: Case outcomes for all sexual offences (*n*=19,343) investigated by sexual offence specialist vs non-specialist trained investigators (%)**




## *Specialist sexual offence investigation training*

Past research demonstrates that the way police officers engage with victim-survivors and conduct sexual assault investigations has a significant impact on survivor healing, wellbeing and case engagement (Maddox, Lee & Barker 2011; Patterson 2011a, 2011b; Sleath & Bull 2012). The two-week QPS ISACURE course (see *Specialist sexual offence investigations training in Queensland*) includes advanced knowledge and skills to support officers to build rapport more effectively with victim-survivors and suspects. The course also addresses the detrimental impact of myths and misconceptions about sexual assault on investigative decisions, shifting the focus from victim-survivor credibility to offender accountability (Carr, Helton & Bennett 2021). It includes perspectives from adult sex workers, male victim-survivors and people with intellectual and learning difficulties; and offers greater insight into victim-survivors' experiences of the criminal justice process and the critical need for referrals to support services to positively impact victim-survivor recovery.

This section argues for the role of specialist training, particularly the ISACURE course, to equip QPS officers with the knowledge and skills to effectively investigate sexual offences through the insights and lived operationalised experience of police and justice sector stakeholders. Of the 83 participants we spoke with, 79 were QPS police and staff. Fifty-six (68%) were directly involved in the investigation of sexual offences; of this group, 23 (42%) had completed ISACURE training.

Qualitative analysis of interviews and focus groups reveals that most officers affirm the importance of specialist sexual assault investigative training while acknowledging the challenges with accessing training amid a significant workload and competing priorities. Further, officers speak to the operational and organisational stresses surrounding investigating sexual offences that lead to burnout and retention issues across the service.

### Trauma-informed investigative practices: 'How supported the victim feels in the process is really the lynchpin factor in reducing withdrawals'

Officers frequently spoke about the importance of specialist training to effectively investigate sexual offences. A trauma-informed response does not try to treat trauma but recognises and accounts for the potentially traumatic effects of sexual violence on victim-survivors (McLachlan 2024; Walklate 2016) to help them engage with and disclose to investigators. Prioritising safety, support, trust and choice are recognised principles of trauma-informed practice (Senker et al. 2023; Substance Abuse and Mental Health Services Administration 2014). These principles are evident in officers' reflections on whether specialist sexual offence training (ie the ISACURE course in Queensland) is useful within their role:

> ISACURE really brings to the forefront what's important and what you need to focus on, like just caring for your victims more. (FG19P)
>
> It's about building a personal rapport, being on their side from the start. (FG21P)
>
> … to understand how the human body works in response to trauma, that was really interesting, and different ways to obtain corroborative evidence because a sexual offence is often evidentiarily difficult. (IP11)

Taking steps to avoid further harm to the victim-survivor was another way in which specialist sexual assault training helps investigators to prioritise victim-survivors' needs for safety and support. Officers with training in sexual assault, DFV and/or child interviewing (eg ICARE) acknowledged the courage it took to come forward, sometimes years after experiencing abuse, so they communicated support for the victim-survivor from the first interaction:

> We are in that crucial position from when a victim first makes a report. Those nuanced nonverbals and the language we use plants the seeds around whether they are believed or not. (FG4P)
>
> I listen to their story, not interrupting them. It's that care aspect. You listen to their story, and you've taken it seriously. (FG21P)

The recognition of trauma and focus on active listening were prominent among investigators who had received specialist training. In contrast, some officers without this training lacked this awareness and considered victim-survivors as difficult and burdensome:

> Some victims, let's be honest, a lot of them, aren't right in the head. (FG4P)
>
> Victims can get pretty, what's the right way to put it, taxing to deal with. Because they'll be called for an update every two days and you might not get to work on it for months, if we get back to it. (FG4P)
>
> I think that word believe, I think that's a bad word … I don't think you should believe anyone. (FG12P)

Without the understanding of trauma, police may misinterpret victim-survivor distress as aggressive behaviours. One support service staff member noted:

> She presented very heightened to police in her story. And whatever happened, basically was told settle down or we'll arrest you … Nobody asked her what actually had happened. (FG5SS)

### Recording victim-survivor statements

Specialist training also helped investigators to recognise policies and practices that were not trauma-informed, such as the current practice of taking statements. Queensland courts require written statements from police for adult victim-survivors of sexual offences. In practice, this can involve police typing the statement while the victim-survivor provides their account. One investigator shared their opinion that 'sitting down with a victim and typing their words and your words is absolutely absurd' (IP11).

Many officers wanted to video record statements, in line with interview practice with child victim-survivors, to give the victim-survivor their full attention. While video recording of statements would require legislative change, investigators explained that allowing video recording of statements could eliminate the need for victim-survivors to give evidence in court—repeatedly highlighted as retraumatising for victim-survivors. Stress and anxiety in anticipation of giving evidence was cited as a contributor to victim-survivor withdrawal:

> I'll tell you now the trauma that it put her back through to read that and then read it again in written words and then sign it was unbelievable. This poor victim who is a well-educated adult female just was put in a tailspin because I'd done this interview … she was curled up in a ball reliving everything to then have it typed in front of her and having to read it and me talking her through it was just an absolute nightmare. (FG7P)

> Why don't we just listen to what she said, or he said? That would make things more efficient timewise, certainly trauma informed for a victim to not have to sit in there with me in a closed windowless room and type. (IP11)

> It's all well and good that we have this victim approach and we want to interview and do the recorded interviews with the victims but then they can't produce them in court … I've done it recently … and it worked fantastic. But we can't produce them in court. So, after we're done, I have to sit down and bloody type the thing. It took me days and days. Then the victim has to read it and sign it. The trauma that it put her back through to read it [in] written words was unbelievable. You are traumatising the victim twice. (FG7P)

The current process of recording, transcribing and reframing statements for a legal process is not compatible with how trauma impacts memory chronology. The justice system requirement for these written statements seems built for those 'working within' rather than the people for whom it was built to serve.

### Supporting victim-survivors' recovery through referrals to support services

Knowledge of the impacts of trauma is critical to keeping victim-survivors engaged with the process and avoiding additional trauma. The relationship between trauma-informed responses and case progression was beautifully summarised by one investigator:

> How supported the victim feels in the process is really the lynchpin factor in reducing withdrawals. (FG16P)

Specialist sexual offence investigation training emphasises the importance of connecting victim-survivors with support services as part of a victim-centric, trauma-informed response. These officers consistently discussed referring victim-survivors to services and the critical role these agencies play in providing victim-survivor support, from crisis counselling to support through a sometimes years-long investigation and court process:

> I always send my victims to our local sexual assault counselling service because you just want them to be in the best mental place that they can be when they're going to court. (FG10P)
>
> The welfare of that woman or male … that's a sign of success for me. (IP9)
>
> There's a new trauma counsellor at the hospital and she's been doing really good things … We keep referrals going so that victims can go to counselling with her … She follows up with them, keeping them engaged. I don't have to worry about them. (FG21P)

## *Resources to equip and support investigators*

### Insufficient number of trained investigators: 'The bottom line is we don't have enough people to do the job'

The QPS has invested significantly in the continuation of ISACURE, based on officers' feedback and empirical evidence that demonstrates that the course supports improved case outcomes (Bennett et al. 2019; Carr, Helton & Bennett 2021). However, accessibility is an issue: the course is intensive, requiring two weeks at the QPS academy, and class sizes are small to ensure deep learning and opportunities for applied practice:

> And that's two weeks, one course. So when I did the course people from all over the state did it and I applied and had to compete with the other members of the office to get on the course. So the level of training's got to increase if you want to train everyone or have more people trained and then with resources how they are at the moment, actually saying yes to someone doing any course is difficult because of the strain it places on the calls for service ironically. So yeah, it's a tough one, people want to do courses, but they can't necessarily get on them for a bunch of reasons. (IP11)

Although participants discussed a variety of internal demand and capacity pressures, one of the key trends in the data is the participants' belief that the current number of specialist sexual offence trained officers is too low, and this has a negative effect on officers and the services that officers can provide to victim-survivors of sexual violence:

> The bottom line is we don't have enough people to do the job. And when you don't do a sexual assault job well, it's traumatising to the victim. (FG4P)
>
> I really think we're sort of letting the community down. (IP15)
>
> The impact on me and how many I have on my work list is that I have some on there that have been taking two years that I can't get back to because I have a hot job coming in and there is another one sitting there. So if there was more officers, more trained people, they'd be able to help within, you know, the position, I would be able to finish those jobs start to finish, so yeah, that's my thing. I've got jobs sitting on my worklist that I can't get back to because another hot job comes in and that job is then a risk and whatever else. They weren't historical when they came in but some are coming up to two years. It's solely because of resources and time and ability. (FG7P)

### Inadequate equipment: 'Sometimes there's not even enough chairs'

In addition to appropriately equipped human resources, officers highlighted the need for essential physical resources to support their investigation, including workstations and interview rooms that are fit for purpose for victim-survivors and vulnerable people. As we were visiting sites, the QPS had been actively enhancing facilities and services, including dedicated interview rooms, to support victim-survivors of sexual violence and DFV. Officers spoke about having limited resources to assist their investigations—including vehicles to drive large distances to take statements, available workstations (particularly between night and day shifts) and software with storage on site to enable evidentiary data to be efficiently extracted from mobile phones and other electronic devices. One officer stated:

> There's never enough cars, there's never enough computers, there's never enough desks. Sometimes, not so much here, but sometimes there's not even enough chairs.' (IP9)

Table 15 provides a summary of common resource deficiencies across the sites.

**Table 15: Resource gaps in equipment and sample investigator comments**

| Resource gaps | Sample comments |
|---|---|
| Interview spaces | We have one interview room for 22 investigators. If it's busy we have to use the room where the admin ladies sit. Previous to that we used the ladies change room. (IP10) |
| | There is no separate welcoming room for a victim of a sexual offence to come into a comfortable environment, sit down with a police officer individually and take a statement. We have victims of rapes coming into this office with other officers here answering phones. (FG6P) |
| Vehicles | We don't have enough cars. Four between over 20 of us. (IP9) |
| Workstations | We don't have workstations. We just have banks of computers. If there's not one available, well, we just wait. (IP10) |
| | We get in for our 1 pm shifts and can't log on until the day shift leave because we don't have enough computers. We each easily lose an hour each shift because of this. The hour wasted waiting for a computer each shift could be spent progressing matters … (FG8P) |
| Laptops | It would make sense if we all had our own laptops to be able to go to the hospital and while you're waiting for the FMO [Forensic Medical Officer] or social worker, you could start a statement. (IP10) |
| Specialist software | Digital forensics, the ability to search digital devices such as phones, armed with specialist knowledge of offending, needs an uplift and proper resourcing. (IP9) |
| | A lot of just archaic systems. They're so old and so outdated that they are not user friendly. They're difficult and they produce things slowly. (FG4P) |

### Burnout and poor wellbeing: 'I don't think the service gets how burnt out we are'

The core business of policing has a human cost, particularly when that business involves the investigation of sexual violence. Recent research highlights the significant operational and organisational stress-related harm police experience routinely in their roles (Carleton et al. 2020; Drew & Williamson 2024). Operational stressors include shiftwork, exposure to trauma and anti-police sentiment (McCreary & Thompson 2006; Morabito, Pattavina & Williams 2019). Organisational stressors include internal systems and insufficient resources or training (McCreary & Thompson 2006). These stressors impact more on officers investigating sexual offences, because the nature of this work involves repeated exposure to emotive victim-survivor narratives and experiences. Competing priorities mean that workloads continually exceed the capacity to progress and finalise cases.

Our discussions with police investigators consistently highlighted significant organisational and operational stress, compounded by lack of trained operational staff and supporting resources to progress and finalise worklists to completion. Many officers recognised that their working environment impacted their investigations and their own wellbeing, as an investigator and a support services provider highlight:

> I haven't worked somewhere else where morale and mental health is as bad as it is with the coppers and it all comes back to the resources, the support, and anything else. So victims probably aren't getting the assistance they need. We're probably not as good as what we could be, but we can't be as good as what we could be when we can't focus on our own time, energy, mental health. (FG9P)

> The police here are in a stress response because of the workload. But when we're in a stress response, we don't act with our compassion systems in place; neurobiologically, your empathy system is offline. The police are under so much stress and then we're asking them to perform in a trauma informed victim-centric way. (FG5SS)

Burnout among officers was exacerbated in areas with fewer specialist trained officers, where the increased workload and lack of support available imposed even further strain. The statements in Table 16 illustrate this powerfully.

**Table 16: Resource gaps in staffing and sample investigator comments**

| Resource gaps | Sample comments |
|---|---|
| Burdening workmates | When you're taking time off, you feel like you're burdening your workmates because you're not there to do the files and you know that they're doing them, and there's only one of them there and they're doing the workload of five. (FG10P) |
| Work doesn't get done | We have the right to disconnect but I don't see how. We can't. We have to be available all the time and if I don't, then when I get back, I've missed things that can impact my matters. (IP10) |
| Burnout loop | People are on leave, people take long service leave, people get burnt out and they take time off. I was by myself in the office last year for six months and had to take several months off after. It was just way too much. I can't do this. I can't juggle that many balls. (FG10P) |

The QPS has been undertaking its largest recruitment drive, aiming to recruit 1,450 new police officers (QPS 2023b). The challenge for current officers under significant pressure is that equipping incoming teams with the knowledge and skills they need will take time; and, with high burnout rates, officers are leaving before help arrives. This feedback is illustrated by two officers:

> I don't think the service gets how burnt out we are. Yes, it's fantastic that there's things in place we can refer ourselves [to] and there's free psychologists and there's all of these different organisations and people that we can touch base with … But that doesn't get the work done … It's the workload. (FG10P)

> You can burn out really quickly because of the workload and everything we have to do. We've lost so many people in the last six months and more actively applying for other things where things are slower, you can get your own laptop, a car whenever you need, you don't work at night. More family friendly and less pressure. (IP10)

For officers to make every reported case of sexual violence an opportunity to deliver the best policing in a manner that engages victim-survivors in trauma-informed and victim-centric responses, there is a clear need to equip and support officers.

## System-level factors

This report has thus far focused on police responses to sexual offence cases. However, multiple agencies, including hospital and health services, public prosecutors and courts, form part of a system-level response to sexual offences (Queensland Government 2023). In Queensland, as in other parts of Australia, four government agencies are involved in system-level responses to reported sexual offences: police, the Department of Health, the DPP and the courts. Understanding the attrition of sexual offence cases requires an understanding of agency roles and cross-agency cooperation, to identify potential barriers that influence police responses to victim-survivors, victim-survivor withdrawal and case unfounding. Table 17 provides a visual representation of each agency's role in the process of case progression.

**Table 17: System-level responses to reported sexual offences**

| Stage | Agency | Role |
|---|---|---|
| Police investigation | Police | Arrange medical examination<br>Collect completed FMEK, send to lab for analysis<br>Obtain statements from victim, suspect, witnesses<br>Collect additional evidence (eg photographic, video)<br>Unfound case or refer case for prosecution<br>Present brief of evidence to DPP |
| | Health services | Obtain details of assault<br>Conduct sexual assault investigation kit<br>• physical examination<br>• forensic medical examination |
| Prosecution | Office of the Director of Public Prosecutions | Receive brief of evidence from police<br>Determine whether sufficient evidence for prosecution<br>Prosecute criminal matters |
| | Queensland Courts | Matter initially mentioned in Magistrates court<br>Court proceedings in relevant court depending on type of sexual offence |

## *Data insights*

This study drew on police data that provide insights into system-level responses to sexual offence cases. Results from analysis of police data, for example, found that female victim-survivors who accessed an FME (eg SAIK) were less likely to withdraw, and their cases were less likely to be determined unfounded by police. Indigenous women were 69 percent less likely to withdraw when a SAIK had been conducted, and non-Indigenous women were 58 percent less likely to withdraw. For police unfounding, offences involving Indigenous women were 66 percent less likely to be unfounded, and cases involving non-Indigenous women were 27 percent less likely to be unfounded. It is important to note that analysis of SAIK was limited to the almost 15 percent of cases (*n*=2,179) where this was recorded. While these results clearly demonstrate the significant effect of forensic evidence on the withdrawal and unfounding of cases, the qualitative data emphasise the challenges of accessing FMEs in addition to other system-level barriers.

### Responding to victim-survivors within a system

> If my response to a homicide was 'Oh, I'm kind of busy, I'll come and see you in 7 hours,' I'm on the front pages of the *Courier Mail* tomorrow. We're trying to be trauma informed, victim-centric. We seem to be the only ones that are trying to move that. (FG14P)

Discussions with interview and focus group participants provide meaningful insights into the significant challenge of responding to victim-survivors within a system that, at times, lacks efficiency, efficacy and sensitivity. Results demonstrate that system-level barriers to accessing forensic medical services and the DPP are consequential for victim-survivors' wellbeing and engagement with the process.

### Forensic medical services: 'Victims withdrawing because of long hospital waits really impacts us'

When deciding to report a sexual violence offence, victim-survivors can report directly to police or attend a hospital or health service (QAO 2024a). For victim-survivors who report firstly to police, officers will arrange for an FME (with the victim's consent) and transport the victim-survivor to hospital for the exam. For victim-survivors who report first to a medical service, the FME can be performed before reporting to police—who are notified, with the victim's consent, by hospital staff. Regardless of which step the victim-survivor takes, the forensic evidence gathered by the medical practitioner will be used to support an investigation and potential prosecution. This evidence may be included as part of a brief of evidence police present to the DPP.

An FME is a medical examination for victim-survivors of sexual violence that includes a physical examination, documentation of injuries and collection of forensic samples related to the assault (Queensland Health 2023). In Queensland, FMEs are conducted at a Queensland Health service or hospital by a medical physician or nurse trained to conduct them. According to Queensland Health policy, if a trained clinician is not available, another physician can conduct the exam with phone support from Forensic Medicine Queensland (Queensland Health 2023). In practice, however, access to adequate FMEs has been inconsistent. Victim-survivors have faced significant delays, inadequate forensic exams and refusal of medical practitioners to conduct the exams, particularly in regional areas (QAO 2024a). These issues have been linked to delays in police investigations, insufficient forensic evidence to support victim-survivors' complaints and case withdrawal (KPMG 2009; QAO 2024a, 2019).

Discussions with police investigators overwhelmingly reveal significant barriers to accessing FMEs for victim-survivors of sexual violence, including an absence of forensic medical services in regional areas, medical staff who are either not trained, or unwilling, to perform FMEs, lengthy wait times to obtain an FME and long drives to find a hospital with trained and willing medical staff. These barriers and their impacts are explored below.

Investigators in regional and some remote areas identified a distinct lack of local forensic medical services for victim-survivors of sexual violence. While all the areas we visited had a local medical service, such as a hospital or clinic, many services in regional areas do not provide FMEs. This means that police must drive the victim-survivor to another area with a medical service that provides FMEs. Investigators described driving for an hour to discover that 'they won't take you at that hospital, so you have to go to the next one down the line that's over three hours away'. Many shared driving times of more than four hours, one way, for a victim-survivor to have the exam. Investigators felt frustrated that local hospitals that provided care for a range of acute and non-acute health issues did not conduct FMEs:

> There's no forensic medical officer here. We've got a hospital that is literally 250m from the police station. If somebody turns up at 2 am reporting a rape, you're not getting them back here until at least 9 am in the morning. (FG10P)

> We've been told there is someone on call 24 hours every day of the year to do the kits locally. But they're not picking up the phone. It's absolutely ridiculous that we don't have somebody local that is willing to help us out. (FG9P)

FMEs are also medical examinations and health care, not just evidence collection (although this is significant). Reporting a crime such as rape and having a system not respond responsively (ie disregard medical needs) is a source of retraumatisation. Investigators linked the absence of local access to FMEs directly to victim-survivor disengagement and case withdrawal:

> We have to drive victim-survivors six or seven hours to get a rape kit done. It's disgusting we treat victims like that. And it affects withdrawals. We've had heaps of victims say, 'I'm not travelling another hour, two hours' or 'I'm not waiting any longer. I'm done'. (IP7)

> Victims withdrawing because of long hospital waits really impacts us … we can't quite get there because we often don't have the support of the other agencies that we need. (IP11)

When victim-survivors opt out of an FME and withdraw their engagement, their case remains unresolved—and perpetrators are not held accountable. Police recognised the consequences of victim-survivor disengagement and took steps to overcome barriers to accessing forensic care. For example, to circumvent long waits or driving to find a hospital, investigators would call the hospital in advance to confirm availability—only to arrive and discover that no one was available to perform a forensic exam. In some areas, the distance to access a forensic exam is so far that victim-survivors are sometimes transported by air. Investigators at two different sites explained:

> I'll ring the hospital first and they'll generally say, 'We'll have someone to do it at nine o'clock.' But when you get there, there is no one around and the poor victim sits there for seven hours. (FG13P)

> It's seven hours drive. There's no one qualified here to do a SAIK so you may have to fly the victim, get authorisation to put the person on the plane that picks up prisoners. They might have to sit with prisoners and other police going to different stations. (FG4P)

This investigator was scathing in their assessment of Queensland Health's service coverage that requires a rape victim to board a plane filled with prisoners and police officers to obtain critical forensic evidence to progress the case. Concerns that barriers to FMEs were causing additional harm to victim-survivors were echoed across the sample of participants who felt frustrated that medical staff seemed not to recognise the impact on victim-survivors:

> For these poor people that are victimised I think it's disgraceful. (IP11)
>
> Dragging a rape victim down to the hospital which is six to seven hours of driving—it's disgusting. (FG9P)

Barriers to accessing FMEs are also evident in hospitals and medical services that purport to offer FMEs, where long wait times or being refused an examination are the norm. Investigators discussed driving victim-survivors a long distance to obtain an FME from a hospital with embedded forensic medical services, only to discover the trained clinicians had left the hospital and would not return until the next day:

> Sexual offences occasionally you can get it at 10 o'clock at night and for us to get a forensic nurse into the hospital, you could be waiting with the victim till seven o'clock in the morning … you get victims just wanting to walk out, they're over it. (FG8P)
>
> I give you horror stories upon horror stories of victims being forced to wait in zoot suits [clothing given to the victim-survivor while waiting for a medical exam and/or if their clothing needs to be taken for forensic testing] in an emergency ward for 14 hours and then being told to do their own swabs. This is a regular occurrence. [The hospital] doesn't have an on-call register and they're not calling people in to do this stuff. (FG14P)

Investigators questioned why there are no services at night and other peak periods, particularly in areas where there are consistently high levels of sexual violence. More frustrating is that victim-survivors experience the consequences of these delays. There seemed to be no consideration for the additional harm and potential trauma this caused to a victim-survivor after experiencing a profoundly intimate violation.

Staffing trained clinicians, however, does not solve the issue of access to FMEs. Investigators frequently encountered physicians who objected to providing an FME because they did not want to testify in court—which may be required for criminal proceedings. Doctors clearly have extensive responsibilities and demands beyond conducting forensic exams; however, investigators struggled with the ability of some doctors to 'opt out' of critical medical and forensic needs to support adult victim-survivors and investigative evidence, particularly given the critical, time-sensitive nature of specimen collection and storage. Limited access to FMEs, resulting from gaps in local services, long waiting times and untrained or unwilling staff, are consequential for victim-survivor wellbeing and engagement with the process. This has profound implications for justice, because forensic evidence can be lost with longer wait times, and victim-survivors who feel unsupported may withdraw from the process.

Here, too, investigators linked these barriers directly to victim-survivors withdrawing their complaint and thought about opportunities to create a safe place out of the hospital setting:

> If we're getting serious about the comfortableness of our victims in going through this process, perhaps a central place to take them for these examinations, and it might not be a hospital; hospitals are very sterile, as you know. Perhaps better together, or somewhere where there's a hub, somewhere they can feel safe, the environment's calming, they're comfortable. That's when we get our best evidence. (FG17P)

### Prosecutorial decisions: 'If we're not getting on the same page early, that absolutely impacts victim outcomes'

After collecting and corroborating evidence, police decide whether there is sufficient evidence to refer the case for prosecution. In referring cases to the DPP, police include a brief containing the evidence collected during the investigation (QPS 2024a). Prosecutors will then assess the brief to determine whether there is sufficient evidence the offence was committed, whether the suspect (accused) probably committed the offence, and whether prosecuting the case is in the public interest. DPP policy asserts that, where there is sufficient reliable evidence in a sexual offence case to warrant a prosecution, the public interest test is generally met (Queensland Government 2016). In practice, however, prosecutorial decision-making for sexual offence cases has been criticised for relying on victim-survivor credibility when assessing sufficiency of evidence and public interest, impacting the likelihood of case progression (Fitzgerald 2006; Taylor & Gassner 2010). Substantial delays between police referring the case for prosecution and the matter progressing to court have further contributed to case attrition through victim-survivor withdrawal (Heenan & Murray 2006; Queensland Sentencing Advisory Council 2024).

System-level barriers to case progression are also evident in the prosecutorial stage. Investigators' frustrations with barriers in the DPP include gaps in trauma-informed practice, bias against victim-survivors and a lack of accountability. All affect police workload and, ultimately, victim-survivor outcomes.

Discussions with police investigators suggest that prosecutors within the DPP have limited understanding of trauma, its impact on victim-survivor behaviour and the importance of trauma-informed practice to prevent disengagement:

> We understand the cycle that's going and the manipulative behaviour whereas the DPP don't have that experience, I guess, that we have in understanding. There's going to be a lot of factors why … a victim has disengaged. Instead of just not continue and not indict, try and dig a little deeper. Give the detectives a little bit of time to re-establish that relationship and that trust factor. (FG10P)

Investigators thought that this misunderstanding of victim-survivor behaviour led to decision-making based not on legal factors or even the strength of evidence but on how a judge or jury would perceive the victim. The victim's post-offence behaviour, relationship with the accused and moral character were factored into decisions to discontinue because they were perceived as undermining credibility:

> We're moving victim-centric, trauma informed, but the DPP get rid of cases by saying 'I don't believe what she said because they didn't act how a rape victim should.' I don't know how you act when you've been raped. I don't understand. (FG14P)
>
> We have to justify everything we do, whether it's an arrest or a withdrawal of charge or something else then we have to pore over it with a supervisor and then an officer in charge. Then the DPP go, 'No, I didn't like that victim, I'm withdrawing the matter' and you go, 'Oh, this is how we make decisions, is it?' (FG12P)
>
> The DPP can just make decisions without justification … they don't have the same accountability measures as we do. (FG12P)

It is acknowledged that the DPP have their due processes and need to justify their decision-making process. The transparency and articulation of decision-making is important here. Many officers were frustrated with the timelines and transparency of decision-making and suggested a need for the DPP to also participate in victim-centric and trauma-informed training:

> Our two departments are supposed to be on the same page, our entire role is supposed to be victim advocacy. If we're not getting on the same page early, I think that absolutely has an impact on victim outcomes, and particularly if you have had an investigator reassuring a victim that we think that it's a relatively good case, and then to have the DPP go, 'No, we don't agree,' that's a real issue. (FG10P)

Failing to prosecute a case to avoid biased judicial decisions is inherently biased. Police recognised these decisions as a lost opportunity to progress cases for which they felt there was a strong brief of evidence. Some investigators identified a lack of accountability in the DPP's decision-making. Instead of cross-agency collaboration to assess the brief of evidence and identify potential gaps in police evidence that could be addressed, police describe disjointed communication and months-long periods of waiting for the DPP to return an email or phone call—hindering case alignment and victim-survivor engagement:

> We potentially provided that file to the DPP three or four months prior. And then all of a sudden we get a phone call Friday afternoon, we're doing a homicide investigation and they go, 'We need this by Monday because it's going to court for a mention'. And we're saying, 'Well we've got all this other shit that we need to be doing for other jobs and other victims. We understand how important this is, but …', you know what I mean? Or say we haven't been able to do it because we're on days off or we're deep in another investigation. Then it goes to the court and the magistrate is like, 'Why haven't the police done this?' (FG18P)

Investigators were keen to help the DPP to progress the case to prosecution but believed that the DPP was uninterested in cooperation. Focus group and interview participants widely discussed the time and effort spent trying to contact the DPP and recognised this issue as hindering case progression. Other officers were clear that the DPP is doing the very best they can with similar shortages:

> I know they do a lot of work in their own time unpaid and they're just short staffed and they're trying to keep up too. So that's a big issue. I think DPP need more staff and need to be paid properly because they're just leaving in droves going to private. (IP4)

Investigators repeatedly expressed frustration with DPP decisions lacking transparency and undermining victim-survivors' trust in police and the justice system. Table 18 offers some examples across different sites.

**Table 18: Perceptions of prosecutorial factors impacting case outcomes**

| Resource gaps | Sample comments |
|---|---|
| Timeliness of decisions | Maybe the DPP need to be more accountable, like we are, with strict deadlines. (FG12P) |
| | Once we hand our file over to the DPP, that's it, we think we've done the best work we could have at the time. And then, you hear nothing. For one case, it's been since last year, over a year, and I've just heard a charge is preferred. (FG15P) |
| | Not that it's their fault either … We give them a brief of evidence and the trial's coming up for two years, they haven't even read the damn thing until a few days before or even the night of, and then they'll call you and say, 'Oh, where's this and where's that?' (IP4) |
| Decision-making that compromises victim-survivor trust and legitimacy | I've had victims say to me, 'I feel like [the jury is] not going to believe me,' because the offender was her ex-partner, the father of her children. She said, 'What is the point?' (FG2P) |
| | Probably the worst part for me is telling a victim, even though you may believe them, if the DPP don't have the beyond reasonable doubt aspect of it, you have to turn around and tell them, 'Sorry, can't do anything, just, yeah, we can't proceed with it.' And then they're going to think it's a whole waste of time. They're going to bag us for the rest of their lives, 'I reported something to the police once and they didn't charge him.' (FG12P) |
| | Victim trust is affected when they're reassured by police that it's a good case, and then the DPP decides no. (IP4) |
| Investigators are the 'face' of decisions outside of their control | Victims think it's our decision when it's not … it reflects badly on us because we're the face they've seen for two years. (FG13P) |
| | Our entire role is supposed to be victim advocacy. If we're not getting on the same page early, that absolutely impacts victim outcomes. (FG16P) |
| | It's like two processes: the police process and then the DPP process with fresh eyes. There needs to be more conversation in the early stages. (FG16P) |

Overall, there was clear opportunity for improved transparency in communication and trauma-informed training, to ensure that the DPP and police are working collaboratively. The overall challenges illustrated in this section are not only barriers to case progression but were experienced by police as a lack of accountability to victim-survivors.

### Accumulation of system-level barriers affecting police

System-level barriers also impact police decision-making and police morale. Knowing the significant barriers to accessing FMEs and court, investigators pre-empted victim-survivors' retraumatisation by sharing with victim-survivors how the process is likely to play out. While police are acting in what they feel is in the best interest of victim-survivors, this pre-emptive disclosure could have the effect of encouraging withdrawals:

> I tell them that it's not going to be next week, it's not going to be finalised by the end of this year, it can go on for some time. Because yeah, if you say it could drag out to two years, that's a long time to think about, and that's the thing, while it's still fresh it's just like, well this is the process, this is what has to happen, and you just talk through the court process. And each time I guess that's when you give updates as well, so that victim is able to make their own decision. (IP13)

Low morale among investigators is yet another impact of system-level barriers for victim-survivors of sexual offences. Despite repeated requests for improvements at the system level, particularly in Queensland Health and the DPP, investigators observed little change. In addition to reduced police capacity amid increasing demand, system-level barriers have added further stress to investigators, victim-survivors and justice responses more broadly. Investigators from two focus groups in different parts of the state told us:

> It's fairly disheartening because we get told the same old nonsense that, 'We're fixing it. It's going to change,' or training more people. I've been here nine years, nearly coming up to nine years, and it's been the same story since we've been here. It's nearly a decade, and nothing's changed. It's just, it's worse. (FG9P)

> It's hard trying to keep that negativity out. I've sent a lot of emails saying 'Hey, I know this is a problem and ring me, I don't care if it's 3 am, ring me, I'll try and fix it,' it's trying to keep that negativity out of sexual violence investigations that's difficult. That then, I suppose, can affect that long-term mentality. 'Oh, here we go again, I've got to go up to the hospital and sit there for 7 hours'. So that has an effect on mental health, but it's more that trying to keep that negativity out of it, for me … you get that burnout and you get it creep into investigations. Because you do, and then, the investigators don't get fired up the way they should. (FG14P)

While this section focused on key justice sector services that impact case progression, one officer captured the sentiment of many of their colleagues by reflecting on overall system challenges:

> But I think police can only do what we can do, and I think that in your remote locations, everyone gets so exhausted in trying to fill the gaps that actually shouldn't be covered by QPS, they should actually be covered by another organisation that is funded to do it. (FG20P)

# Discussion

Following the Women's Safety and Justice Taskforce reports (2022a, 2022b, 2021) and the Commission of Inquiry (2022), the Queensland Government committed to a substantial investment in system reform. Other external reviews included the Independent Review into Investigations of Police-Related Deaths, and Domestic and Family Deaths in Queensland (Mazerolle et al. 2022); the Commission of Inquiry into DNA testing (Queensland Government 2022b); and the Inquiry into Support Provided to Victims of Crime (Queensland Parliament 2023). As a result of their recommendations, the QPS itself pledged to implement significant organisational and cultural reform. This included establishing a central capability owner of sexual violence for the QPS with the purpose of driving best practice in responding to victim-survivors of sexual violence, coordinating specialist sexual violence advice, steering evidence-informed training and intelligence provision and providing specialist investigative support. The *QPS Sexual Violence Response Strategy 2021–2023* was developed (revised strategy now 2023–2025; QPS 2023c), outlining 25 key actions to enhance the QPS's response to victim-survivors of sexual violence. They focused on providing victim-centric and trauma-informed training, ensuring support service engagement and developing evidence-informed practices. Specifically noting the value of the ISACURE course (*Sexual Violence Response Strategy 2023–2025*), the QPS committed to exploring how to enable more remote and regional investigators to complete the training. The QPS has also ensured that a private and safe space is identified at all police stations for victims of traumatic crimes, including domestic, family and sexual violence.

As the 'face of justice', police investigations play a critical role in case outcomes, including whether cases progress to prosecution or are withdrawn, unfounded or unsolved. Understanding the characteristics of cases that leave the system during police investigations is therefore essential to reducing attrition of sexual offences, and this supports the aims of the QPS as well as national and international efforts to improve outcomes for victim-survivors. In this study, we analysed six years of administrative QPS sexual offence data and gained contextual insights, through interviews and focus groups with police officers across Queensland, into factors that impact investigative practice.

Analysis of the official data reveals several factors that influence the withdrawal and unfounding of offences across the four demographic groups (non-Indigenous women, Indigenous women, non-Indigenous men and Indigenous men). Offences that occur in regional or remote areas are less likely to be withdrawn, which could speak to the capacity and capability of policing units in metropolitan areas. Aggravated sexual offences (ie rape, attempted rape) are consistently more likely to be both unfounded and withdrawn, rather than solved, than non-aggravated sexual offences (ie groping or sexual touching over clothing). There may be a range of explanations. Victim-survivors may disengage from the justice process because of trauma associated with severe sexual violence or fear of retaliation from the person who perpetrated severe sexual violence. Additionally, aggravated sexual offence cases require more intrusive evidence gathering (ie FME) which can be retraumatising without adequate support. Collectively, these dynamics underscore how system responses may be least effective in the very cases where harm is greatest, reinforcing the need for trauma-informed practice, specialist training and rigorous oversight of unfounding decisions.

Investigations that include a specialist sexual offence trained investigator consistently lower the probability of a withdrawn offence outcome; in the case of non-Indigenous women, they also lower the probability of unfounding. Referrals to external services protect against the victim-survivor withdrawing and the investigator unfounding in all groups except Indigenous men. Recording that a SAIK was processed in cases involving women also lowers the chance that the offence will be withdrawn or unfounded, although this effect does not appear for men. This may be the result of a very small sample of recorded SAIKs in cases involving male victim-survivors (7–8%) and warrants further research.

The inclusion of a DV flag impacts case outcomes and is associated with the offence location. If the offence occurs in a domestic dwelling, an offence outcome of unfounded is less likely for female victim-survivors, although it increased withdrawn outcomes for non-Indigenous women. These results may speak to the confounding effect of the offender being known to the victim-survivor and to the role that legislation may play in the investigative processes enacted by the police.

We also found that non-Indigenous women who report subsequent sexual offences (repeat victimisation) are more likely to have their subsequent cases unfounded. Additionally, occurrences with multiple female non-Indigenous victim-survivors were less likely to be unfounded or withdrawn, suggesting a focus on the need for corroboration before being taken more seriously.

In our discussions with investigators across different urban, regional and remote areas, we were able to capture key factors that impact case outcomes. Investigators continually reference the extraordinary pressure on the system, especially Queensland Health and the DPP. However, because police are the 'face' of the justice system to victim-survivors, investigators express frustration with traumatising delays to FMEs and prosecutorial decisions not to progress a case. In support of the quantitative findings, specialist training and practice experience are seen as critical to support investigations of sexual offences. In particular, the intensive two-week QPS ISACURE course that provides advanced sexual assault training to officers translates into clearer understanding of the impact of trauma on victim-survivors. Additionally, investigators spoke of the challenge of working under constant pressure because of competing priorities and a lack of trained staff. Officers find it difficult to access training or take leave without worrying that their absence will place additional workload pressures on their colleagues. The results provide insights to inform practice level recommendations.

# Recommendations

The analysis of the administrative data provides several key insights into ways of reducing case attrition and improving outcomes for victim-survivors. The police responses to sexual offences showed that investigations and individual officer actions can influence offence outcomes. Our recommendations stem from the empirical evidence and suggestions made by officers during the study.

1. **Provide referrals to external support services for victim-survivors.** Investigating officers should formally learn what support services are available in their area. The inclusion and recording of referrals to these services should be a component of the standard investigative process. Particular attention should be paid to the provision of referrals to male victim-survivors, particularly Indigenous males. However, the data also show that there are 'deserts' in local support services at several sites. Appropriate steps would include:
    a. **Develop a referral package for sexual offence investigators.** In Queensland, since 2021 as part of the QPS Sexual Violence Response Strategy (QPS 2023c), Sexual Violence Liaison Officers build and maintain relationships with government and non-government service providers to offer a collaborative approach to victim-survivors of sexual violence. Given the distance and variation in availability of services across Queensland, the development of location-specific referral information and awareness packages for sexual offence investigators may also be needed. Officers-in-charge, Sexual Violence Liaison Officers and supervisors of investigative units should also be encouraged to build and maintain relationships with the external support services in their area of responsibility.
    b. **Ensure that referrals are provided consistently and are accurately reported through the development of standard investigation checklists for sexual offences.** This needs to be done genuinely in a way that clearly informs victim-survivors of what a referral involves, including practical processes such as how the organisation will make contact (eg private number, three times only, costs etc) to facilitate informed engagement.
    c. **Review the potential barriers to providing referrals to male victim-survivors.** Men may be more likely to decline referrals despite being able to benefit from the support. Research is needed in this space.

d. **Ensure funding and availability of support services for male victim-survivors of sexual assault.** Men as victim-survivors of sexual violence have limited access to services—which further reduces their willingness to seek help. Male victim-survivors often feel overlooked and invalidated, because societal perceptions and support systems frequently fail to acknowledge their experiences and needs.

e. **Ensure referrals are for what victim-survivors require at the time.** This may include transport to or from a police station or hospital and for follow-up appointments where necessary, spare clothing (a victim-survivor's clothing may need to be collected for evidence) and counselling. In December 2023, the Victims of Crime Community Response was launched with a trial initiative to provide urgent support to victim-survivors of serious violent crime and their families. The 24/7 response initiative, in partnership with Victim Connect, offers outreach services, referrals and assistance with necessities in the critical period immediately after a violent crime (Queensland Government 2024).

f. **Ensure victim-survivor support funding is evidence informed**. Specifically, there should be clear accountability measures, and they should be proportional to the demand (and in response to forecasted demand based on population). The financial cost of accessing specialised sexual assault counselling should not fall on a victim-survivor of sexual violence. There should not be a waiting list for a rape victim-survivor.

g. **Support the establishment of a victim liaison officer**. This role can be a non-police staff member who supports victim-survivors by guiding them through the justice process and especially by helping them to access referrals and services to support their recovery.

2. **Ensure victim-survivors provide their statements in the least retraumatising way possible.** Progress legislative change to allow for video-recorded victim-survivor statements, instead of written statements, to be used as evidence-in-chief witness testimony in court proceedings. In addition to reducing trauma associated with giving evidence in court (Wood et al. 2017), video-recorded interviews may reduce attrition of sexual offence cases (Murphy et al. 2022) and increase the likelihood of a guilty plea (Walton, Ellwood & Martin 2022). Invest in policing and court technology to support this practice.

   a. **Invest in resources that facilitate victim-centric and trauma-informed practices such as safe and private interview rooms** (as has been completed in Queensland), acknowledging that some victim-survivors will not attend a police station regardless of a safe interview room, so allowing flexibility to engage with needs.

3. **Increase capability of policing services through specialist sexual offence training for investigators to reduce withdrawn, unfounded and unsolved cases.**
    a. **Invest in a sexual offence training package for officers investigating sexual offences, to demonstrate national commitment**. Training equips officers with knowledge and skills to respond more effectively to victim-survivors. Develop evaluation models (such as from ISACURE in Queensland) to evidence the return on this investment in training.
    b. **Increase capability of policing services through foundational sexual offence training for general duties (first response) officers**. Every reported case of sexual violence is an opportunity to deliver the very best policing response. The way in which frontline officers first respond to victim-survivors may be a deciding factor in whether they formally report and/or engage with the investigation.
    c. **Ensure organisational performance indicators reflect the criticality and complexity of sex offence investigations.** Develop supervision and performance indicators that emphasise the knowledge, skills and behaviours necessary to be proficient in sexual offence and other traumatic offence investigations. Develop capability training that is scaffolded to officers' operational roles across the organisation.
    d. **Invest in specialist domestic, family and sexual offence investigation units**. Sexual violence and DFV are relationship-based crimes and require similar complex, specialist skills and practices that are victim-centric and trauma informed. This allows embedding of best practices, mentoring and supervision from appropriately trained officers. It reinforces knowledge, skills and practices. Currently, generalist trained sexual offence investigators (eg CIB and CPIU) manage multiple types of offences.
    e. **Appropriately resource them according to demand/reports/need**. This may include information sharing with sexual assault support services that receive reports. Specialists within these units would build networks with them, thereby changing previously unreported to reported.
    f. **Ensure appropriate funding of wellbeing services to support sexual violence investigators**.
4. **Ensure accountability and transparency in decision-making.**
    a. **Develop governance processes that require articulation of reasons why a matter does not progress (QPS and DPP**). This study found that cases with a DV flag in QPRIME were less likely to be unfounded, probably because of the legislation and scrutiny around DFV investigations. Articulating why cases are unfounded or withdrawn is an avenue to accountability and would help to identify officers who may require additional training or mentoring to better investigate sexual offences.
    b. **Require officers *and* prosecutors to advise the victim-survivor of reasons personally, where possible, when a case is not progressing to prosecution** (except when withdrawn by complainant). This would be subject to victim-survivor consent to contact.

c. **Ensure that victim-survivors are kept aware of significant decisions in their case**. This could be supported by the proposed victim liaison officer (support staff member). Provisions for this are outlined in Queensland's Charter of Victims' Rights.

d. **Ensure that the voices of victim-survivors of sexual violence are respected and integrated into trauma-informed, victim-centric services and justice processes.**

    i. Invest in a sexual assault victim-survivor advisory board within all policing organisations. Ensure that the board is representative of the community of victim-survivors.

e. **Ensure there is a focus on perpetrators, not only on the victim-survivors, throughout the system.**

    i. Ensure that investigations are balanced and that officers apply the same level of scrutiny and fact checking to suspects.

5. **Invest in collaboration between agencies from first point of contact for victim-survivors.** An example of this model in Queensland is the Townsville region Sexual Assault Response Team, a partnership between QPS, Townsville Sexual Assault and Hospital Services and the DPP. This 24/7 immediate, personalised and holistic response supports victim-survivors to make informed choices to meet their individual needs.

    a. Provide these services from separate service points or from a multidisciplinary, one stop shop service.

    b. Embed sexual assault support service workers in police stations to assist in trauma-informed responses. This is currently being trialled for DFV support workers in some QPS stations.

    c. Embed police officers within sexual assault services to increase information sharing and knowledge about organisational processes (to benefit victim-survivors).

    d. Co-develop and co-facilitate training between police, prosecution and hospital/health services to streamline response, investigation and prosecution of sexual offences.

    e. Invest in training for physicians in every health and hospital service to conduct FMEs. Ensure a non-gendered FME process (appropriate for gender-diverse clients).

    f. Ensure that there are sufficient FMEKs in every hospital and health service. In Queensland, this is underway through the Queensland Audit Office's report on the delivery of FMEs (QAO 2024a). Help private practitioners to access FME training and to provide collection and storage if victim-survivors seek their own trusted private practitioner to perform the examination.

    g. Invest in sexual violence related outreach services (eg forensic medical officers) for police and support services in remote areas, to enable equitable access to services.

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*URLs correct as at February 2026*

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# Appendix A: Data dictionary

**Table A1: Definitions of variables used in the quantitative analyses**

| Variables | Definition |
|---|---|
| ID | Study identification number |
| Occurrence number | Occurrence number, randomised for de-identification |
| Reported time | Time and date of the occurrence being reported to police |
| Start time | Time and date of the occurrence occurring |
| Clear date | Date of the offence being cleared by police |
| Indigenous status | The victim-survivor's Indigenous status, as recorded in QPRIME (Indigenous vs non-Indigenous) |
| Gender | The victim-survivor's gender, as recorded in QPRIME (male or female) |
| Victim-survivor's age at time of offence | The victim-survivor's age (in years) at time of offence |
| Victim-survivor's age at reporting of offence | The victim-survivor's age (in years) at time of reporting the offence |
| Repeated victimisation | Has the victim-survivor reported prior sexual victimisation? (0=no repeat victimisation, 1=repeat victimisation) |
| DV flag | Does the occurrence have a DV flag associated with the offence in QPRIME? (0=no DV flag, 1=DV flag) |
| Number of days between offence and reporting | Number of days between the offence occurring and reporting to police |
| Multiple victim-survivors at offence | Single or multiple victim-survivors at the occurrence (0=single victim-survivor, 1=multiple victim-survivors) |
| Multiple offences at occurrence | Single or multiple offences per victim-survivor at the occurrence (0=single offence, 1=multiple offences) |
| Dwelling status | The dwelling type where the offence occurred (0=other location, 1=domestic dwelling) |
| Sexual offence severity | The sexual offence type severity, based on the National Offence Index (0=non-aggravated sexual offences, 1=aggravated sexual offences) |
| Referral provided to victim-survivor | Is a referral to external support services offered to the victim-survivor? (0=no referral, 1=referral) |
| Number of days between reporting and cleared | Number of days between the offence being reported to police and the offence being cleared by police |

**Table A1: Definitions of variables used in the quantitative analyses (cont.)**

| Variables | Definition |
|---|---|
| Specialist sexual offence trained investigator | Does the offence have a specialist sexual offence trained investigator allocated to the offence? (0=no specialist sexual offence trained investigator, 1=specialist sexual offence trained investigator) |
| Regionality | The regionality type the offence occurred in, based on the Australian Statistical Geography Standard (ASGS) score of the district (1=metropolitan, 2=regional, 3=remote) |
| SAIK provided to victim-survivor | Was a SAIK provided to the victim-survivor? (0=no SAIK provided, 1=SAIK provided) |
| Distance between offence and cleared investigative unit (where available) | The distance in kilometres from the offence location and the QPS unit that cleared the offence |

# Appendix B: Data analysis

## Multinomial regression

To evaluate the unique victim-survivor, case and police response and resourcing factors that predict withdrawn or unfounded case outcomes for sexual offences in Queensland, we undertook a series of four multinomial regressions. Given the differences in case outcomes across Indigenous status and gender noted above (Bailey, Powell & Brubacher 2017; Bright et al. 2021; Lievore 2003; Mayhew & Reilly 2007), we ran separate analyses across these demographic categories. A regression model was run for each of the four subpopulations (Indigeneity by gender): Indigenous women, Indigenous men, non-Indigenous women and non-Indigenous men.

The dependent variable used was offence outcome, which had three groups of cleared offences: solved offences (there is sufficient evidence to indicate that the offender is responsible for the offence), withdrawn offence (the offence is withdrawn by the victim-survivor) and unfounded offences (the investigator determined that no crime had occurred). An additional outcome, unsolved (a suspect was not located or identified, or the evidence was insufficient to indicate responsibility for the offence), was not included in this analysis. We included the number of days between the offence being reported and being cleared; because unsolved offences are, by their nature, uncleared, unsolved offences were not included in the analysis. The solved category was used as the comparison group, with all results comparing the probability of the offences being either withdrawn or unfounded against solved offences.

Several independent variables were included across the categories of victim-survivor factors, case factors, police response factors and resource factors.

For victim-survivor factors, we included variables related to the victim-survivor's age in years at reporting of offence and at time of offence, repeated victimisation (0=no repeat victimisation, 1=repeat victimisation).

Case factors include DV flag (0=no DV flag, 1=DV flag), multiple victim-survivors at offence (0=single victim-survivor, 1=multiple victim-survivors), number of days between reporting and clearing of the offence, multiple offences at occurrence (0=single offence, 1=multiple offences), dwelling status (0=other location, 1=domestic dwelling) and sexual offence severity (0=non-aggravated sexual offences, 1=aggravated sexual offences/non-assaultive sexual offences). The sexual offence severity was determined using the NOI (ABS 2023b; see *Appendix C*) which broadly categorises sexual offences as non-aggravated sexual offences, non-assaultive sexual offences (eg indecent assaults on adults) and aggravated sexual offences (eg rape).

Police response factors included whether a referral was provided to the victim-survivor (0=no referral, 1=referral), days between reporting and clearing of offence and whether the investigative team included a specialist sexual offence trained investigator (0=no specialist sexual offence trained investigator, 1=specialist sexual offence trained investigator).

Finally, resource factors included regionality (1=metropolitan, 2=regional, 3=remote), based on the Australian Statistical Geography Standard (ASGS) score of the district (ABS 2023d), and whether a SAIK was recorded as provided to the victim-survivor (0=no SAIK recorded, 1=SAIK recorded). We had hoped to include the distance from the offence location to the relevant police station; however, these data were only available for approximately 5,000 of the offences.

## Chi-squared tests

Additional tests were run to examine the relationship between two categorical variables, following the results of the multinomial regression. The relationship between offences with and without a specialist sexual offence trained officer (yes/no) and the offence outcome (solved, withdrawn, unfounded, unsolved) were examined. Chi-squared tests were also used to examine the relationship between a SAIK being provided to victim-survivor (yes/no) and regionality (metropolitan, regional and remote) and offences with and without a specialist sexual offence trained officer (yes/no).

## Descriptive statistics

Descriptive statistics were used throughout our findings to help summarise victim-survivor, case, police response and resource data and case outcomes. Descriptive analyses included proportions and mean calculations such as the total number of withdrawn offences and the percentage that the outcome type represented in the data.

# Appendix C: National Offence Index ranking of sexual offences

**Table C1: National Offence Index and QPS classifications of sexual offences**

| ANZSOC group name | QPS offence description | ANZSOC code | QPS code | NOI ranking |
|---|---|---|---|---|
| Aggravated sexual assault | Assault with intent to commit rape | 311 | 315 | 7 |
| Aggravated sexual assault | Incest | 311 | 318 | 7 |
| Aggravated sexual assault | Indecent treatment of children | 311 | 314 | 7 |
| Aggravated sexual assault | Rape | 311 | 311 | 7 |
| Aggravated sexual assault | Rape—attempted | 311 | 312 | 7 |
| Aggravated sexual assault | Sexual offences—consent prescribed (other) | 311 | 319 | 7 |
| Aggravated sexual assault | Unlawful carnal knowledge | 311 | 317 | 7 |
| Non-aggravated sexual assault | Indecent assaults on adults | 312 | 313 | 11 |
| Non-aggravated sexual assault | Sexual assault (other) | 312 | 316 | 11 |
| Non-aggravated sexual assault | Sexual assault; online report | 312 | 326 | 11 |
| Non-assaultive sexual offences | Indecent acts | 329 | 321 | 13 |
| Non-assaultive sexual offences | Wilful exposure—Summary Offences Act | 329 | 1306 | 13 |
| Non-assaultive sexual offences | Wilful obscene exposure | 329 | 325 | 13 |
| Non-assaultive sexual offences | Wilful obscene exposure (Criminal Code) | 329 | 322 | 13 |

**CRF** reports

# CRF 28/22–23

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