

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

---

### **IMPORTANT INFORMATION - Reporting a sexual assault to the New South Wales Police Force**

The New South Wales Police Force (NSWPF) provides two ways for victims to report a sexual assault. **The first and preferred method is to contact your nearest Police Station and make a formal complaint.** A Police Officer will obtain a version of the offence in the form of a statement and arrange medical/counselling support. This may lead to a criminal investigation.

The second option, if you decide not to formally report, is to complete this sexual assault questionnaire. You can neatly handwrite or type into the questionnaire and mail or email it to the Child Abuse and Sex Crimes Squad, State Crime Command (refer contact details below). **You can choose to provide your details or report anonymously.**

**It is important to note that with the second option you are not making a formal complaint to police to initiate a criminal investigation.** By completing this questionnaire, the information gathered may be used to help police develop strategies which target offenders and protect the community and reduce repeat offending. It may also be used to assist in other prosecutions against offenders. Please note that providing answers to any of the questions is optional.

The details you provide on this questionnaire will be recorded on a secure and restricted NSWPF data base. Your completed questionnaire will then be kept securely at the office of the Child Abuse and Sex Crimes Squad.

**Again, if at any stage, you wish to make a formal complaint you can by contacting your nearest Police Station.**

**If this report relates to a child or young person under the age of 18 years old, the NSWPF, as mandatory reporters, must notify Community Services through the Child Protection Helpline.** A mandatory reporter is a body or organisation that is required to report all risks of significant harm to children in NSW to Community Services.

We understand that completing this questionnaire may be difficult for you as you are being asked to remember, in some detail, what happened. If you are seeing a counsellor, it may be useful to talk with them before filling it in so you can prepare a few helpful strategies.

When you are planning to complete the questionnaire, try and do it in a place where you feel safe and have some privacy. If you would like to make contact with a counsellor, or any other form of support call the Victims Access Line on 1800 633 063 or Rape Crisis on 1800 424 017. A trained counsellor can discuss your needs and refer you to someone who can help.

At the end of this questionnaire, there is a list of victim support and sexual assault support agencies that you may wish to contact.

Please take your time and complete the questionnaire with as much information as you can remember. The more accurate the detail the better. If you cannot answer a question, are uncertain or the question does not relate to your situation, move to the next question.

**If you were assisted by another person to complete this questionnaire, they must complete the section at the end of this document and in your presence.**

.....  
Email to: [SARO@police.nsw.gov.au](mailto:SARO@police.nsw.gov.au)

.....  
Post to: Sexual Assault Reporting Options  
Sex Crimes Squad - State Crime Command  
New South Wales Police Force  
Locked Bag 5102, Parramatta NSW 2124  
.....

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

NSWPF reference #

Reporting Agency Name and reference number (if applicable)

### YOUR DETAILS

01 Name (optional)

02 Gender: Male Female Other (describe)

03 Any other names you may be known by (optional)

04 Date of Birth

Age

Years

Describe your Racial Appearance

05 Your residential address at time of offence (optional)

06 Your current residential address (optional)

07 Are you willing for police to contact you if required?

YES  NO

If Yes, please record your contact numbers and/or email below at question 8.

08 How would you like to be contacted?

Phone

Mobile

Email

Friend

Relative

Support Service

Please include any special instructions (e.g. call after hours, or email contact only etc.)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

Please provide as much information as you can accurately remember. If you cannot recall or answer a question, go to the next one.

### DATE & TIME OF THE OFFENCE

09 When did this assault happen?

- Daylight  
 Darkness  
 Unknown

Did the assault occur within 72 hours (3 days)? Yes  No

Between

dd/mm/yyyy

00:00 (24hrs)

and

dd/mm/yyyy

00:00 (24hrs)

### DETAILS OF THE OFFENCE

10 Did you know the offender?

YES  NO

If Yes, how and for how long

11 How did you first meet the offender/s?

Please explain

12 Did you communicate with the offender/s online?

(e.g. social networking site, online dating, etc.)

YES  NO

If yes, provide details including, Dating Application, Account/handle name, email address; chat room name of offender if known etc.

13 Where did you first meet the offender on the day of the offence/incident?

(e.g. address, business, location)

14 Where did the assault/incident take place?

(e.g. address)

Licensed Premises (provide details)

Private Residence (provide details)

Other (provide details)

15 Where did the assault/incident end?

(e.g. address, business, location)

As per 14 above Other

(provide details)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

### DETAILS OF OFFENCE

**16** How did the offender assault you?  
(Select ALL that apply)

- Vaginal Intercourse
- Anal Intercourse
- Masturbation
- Cunnilingus (licked vagina)
- Anilingus (licked anus)
- Digital (finger) penetration
- Fellatio (oral sex on a male)
- Simulated intercourse
- Fondling/touching
- Kissing
- Foreign object insertion
- Hand/fist insertion
- Stabbing
- Suffocation
- Whipping
- Beating
- Slapping
- Kicking
- Choking
- Pinching
- Hair pulling
- Verbal abuse
- Cutting
- Strangulation
- Shooting
- Burning (describe)

- Biting (describe)

- Torture (describe)

- Physical injuries (describe)

- Other (describe)

**17** Did the offender ejaculate?

YES  NO  UNKNOWN

If yes, (specify where)

**18** Did you attend a hospital or consult a Doctor as a result of your injuries?

YES  NO

If yes, (please provide details below – optional)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

---

### SUMMARY OF INCIDENT

- 19 Please describe in sequence and detail what happened on the day of the offence. Including, but not limited to:**
- How you met the offender.
  - What happened before the assault?
  - What happened during the assault?
  - What you both did and said.

- If your clothing was moved/removed, how did this happen.
- Were weapons involved or threatened? If so, please describe.

**This section is a very important summary of how the assault happened. Please provide as much detail as you can remember.**

# SEXUAL ASSAULT REPORTING OPTIONS (SARO) SEXUAL ASSAULT QUESTIONNAIRE

---

## SUMMARY OF INCIDENT (CONT'D)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

### OFFENDER DETAILS

If more than 1 offender is involved, please repeat pages 7-10 for each additional offender

20 How many offenders were involved?

This is offender number 1 of  offender(s) involved in this incident (repeat offender details as outlined above).

21 Name of offender? (If known)  
Surname   
Given Name(s)

22 Alias(es) (Nicknames, names used etc.)

23 Gender: Male  Female  Unknown

24 Date of Birth  Unknown   
dd/mm/yyyy  
OR  
Age (or best estimate)  Unknown

25 Place of Birth  Unknown

26 Offender's residential address at time of offence (if known)

27 Did the offender say their age?  
YES  NO   
If yes what age?

28 Offender's current residential address (if known)

29 Offender's contact number/s (if known)

Unknown	<input type="text"/>
Phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Friend	<input type="text"/>
Relative	<input type="text"/>
Other	<input type="text"/>

The following questions relate to the offender's description at the time of the assault

### OFFENDER IDENTIFICATION

30 What complexion was the offender?  
 Dark  Light  Tanned  
 Other (describe)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

31 What was the racial appearance of the offender?

- Caucasian
- Aboriginal/Torres Strait Islander
- African
- Asian
- Indian Sub-Continent
- South American
- Mediterranean
- Pacific Islander/Maori
- Middle Eastern
- Other (describe)

32 Did the offender speak a language other than English, have an accent or a speech impediment (e.g. stutter)?

YES  NO

If yes, please describe

33 How tall was the offender?

34 What was their build?

- Small/Thin
- Medium/Average
- Large/Solid
- Obese

35 What was their weight?

36 Describe the offender's hair including length, colour/shade?

Length

Colour

Describe

37 What colour eyes did the offender have?

38 Did the offender wear glasses (including sunglasses)?

YES  NO

If yes, please describe

39 Did the offender's teeth appear unusual? (gaps, missing, chipped etc.)?

YES  NO  UNKNOWN

If yes, please describe

40 What was the offender wearing at the time of the assault?



# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

### OFFENDER IDENTIFICATION (CONT'D)

41 Did the offender have any scars, marks, deformities, piercing or tattoos?

YES  NO  UNKNOWN

If yes, please describe

42 Did the offender have unique physical features such as crossed eyes, noticeable limp, physical deformity, distinctive hairstyle, etc.

YES  NO  UNKNOWN

If yes, give details

43 Did the offender smell of anything?

YES  NO

If yes, please describe

44 Do you know the offender's current occupation or how they earn money (legal or illegal)?

YES  NO

If yes, please describe

45 How did the offender travel at the time of the offence (walk, drive etc.)?

46 Was there a vehicle(s) involved during this assault?

YES  NO

If yes, please describe

47 Did anyone see what happened to you?

YES  NO  UNKNOWN

48 Do you know the name/s of the witness/es?

YES  NO

If yes, (can you provide their names - optional)

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

---

49 Did the offender take anything else away? (eg drivers licence, purse, personal belongings) YES  NO  UNKNOWN

If yes, what?

50 Did the offender/s threaten you in any way? YES  NO

If yes, please describe

51 Was the offender affected by drugs and/or alcohol prior to the assault?

YES  NO

If yes, please describe

52 Is there any further information you wish to provide regarding the offender?

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

---

### IMPORTANT REMINDER

**It is important to understand that the completion of this questionnaire does not constitute a formal complaint to the NSWPF.** If at any point you decide that you want to make a formal complaint you can do so by contacting your nearest Police Station.

I understand that this questionnaire does **NOT** constitute a formal complaint to police

YES  NO

Please take the time to check the information you have supplied in the questionnaire to ensure it is complete and accurate.

Signed: (Optional)

.....

Date questionnaire completed:

Name

Address

Phone Number

Email Address

Was this questionnaire completed in the presence of the victim?

YES  NO

Relationship to victim (i.e.: friend, volunteer, relative, counsellor)

Signed: .....

# SEXUAL ASSAULT REPORTING OPTIONS (SARO)

## SEXUAL ASSAULT QUESTIONNAIRE

---

### Victim and Sexual Assault Support Services

- NSW Rape Crisis Centre 1800 424 017 - [www.nswrapecrisis.com.au](http://www.nswrapecrisis.com.au)
  - Bravehearts on 1800 272 831 or [www.bravehearts.org.au](http://www.bravehearts.org.au)
- Victim Services website: [www.lawlink.nsw.gov.au/vs](http://www.lawlink.nsw.gov.au/vs)
  - Victims Support Line (Victims Access Line 1800 633 063)
  - Aboriginal Contact Line 1800 019 123
- Helping Victims of Sexual Assault: [www.sexualassault.nsw.gov.au](http://www.sexualassault.nsw.gov.au)
- Sexual Assault Services  
Contact via your local hospital or go to [www.health.nsw.gov.au/services](http://www.health.nsw.gov.au/services)
- Child Sexual Assault Counselling and support services
  - CASAC (Child & Adolescent Sexual Assault Counsellors) on (02) 9601 3790 or [www.casac.org.au](http://www.casac.org.au)
  - Kids Helpline 1800 551800
- Victims Register
  - Department of Corrective Services Victims Register: (02) 9289 1374
  - Department of Juvenile Justice Victims Register: (02) 9219 9400
  - NSW Health Forensic Patients Victims Register: (02) 9391 9302
- Indigenous Women's Legal Contact Line 1800 639 784
- Wirringa Baiya Aboriginal Women's Legal Centre 1800 686 587
- Women's Legal Services NSW
  - Contact Line 1800 801 501
  - Telephone Interpreter Service 13 14 50
- Immigrant Women's Speakout 9635 8022 - [www.speakout.org.au](http://www.speakout.org.au)
- Criminal Justice Support Network 1300 665 908 (for people with an intellectual disability)