

## Rape/Sexual Assault Case Reference

## RSAC Reporters' Name and reference number (if applicable)

## Patient / Survivor / Complainant

Name (optional)

02 Gender: Male  Female  Other (describe)

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

04 Date of Birth

Age

 Years

05 Your residential address at time of offence (optional)

06 Your current residential address (optional)

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.)

Please provide as much information as you can accurately remember.

## Date and Time of Offence

09 When did this assault happen?

Daylight

Darkness

Unknown

Between

dd/mm/yyyy

00:00 (24hrs)

and

dd/mm/yyyy

00:00 (24hrs)

## 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, chat room, online dating)

YES  NO

If yes, provide details including, 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)

## The Incident Details

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 an RSAC, a hospital or consult a Doctor as a result of your injuries?

YES \_\_\_ NO \_\_\_

If yes, (please provide details below – optional)

## The Incident

### 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 Universal Crime Report

## **The Incident Continued**

A large, empty rectangular box with a thin blue border, intended for the user to provide a detailed account of the incident.

## The Offender

If more than 1 offender is involved please print or copy pages 5-7 again for each additional offender

20 How many offenders were involved?

This is offender number 1 of  offender(s) involved in this incident

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

22 Alias(es) (Nicknames, names used etc.)  
23

23 Gender: Male  Female  Unknown

24 Date of Birth  Unknown   
**OR**  
Age (or best estimate)  Unknown

24 Place of Birth  Unknown   
25  
26

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

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

27 Offender's current residential address (if known)  
28

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"/>

## Report

### Identification of Offender

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

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)

Large/Solid

Obese

- 35 What was their weight?

- 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

- 35 What was their build?

- 36  Small/Thin
- Medium/Average
-

# Sexual Assault Universal Crime Report

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?



## Offender Identification Continued

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 offenders 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)

The following questions relate to your description at the time of the assault.

49 What was your gender?  
 Male  Female  Transgender

50 What was your complexion?  
 Dark  Light  Tanned  
 Other (describe)

51 Your age at the time?

52 Your height and weight?  
 cm  kg

53 Your build?  
 Small/Thin  
 Medium/Average  
 Large/Solid  
 Obese

54 Describe your hair

55 Did you have any unique features?  
 nil  
 crossed eyes  
 noticeable limp  
 skin disorder  
 tattoo/piercing  
 distinctive hairstyle (describe)

physical deformity (specify)

physical disability (specify)

other (describe)

56 Describe your personality (eg loud, shy, withdrawn)?

57 What were you wearing at the time of the assault?

58 Did the offender take any of your clothes with them?  
 YES  NO  UNKNOWN   
 If yes, what?

59 Did you leave any clothes?  
 (eg drivers licence, purse, personal belongings)  
 YES  NO  UNKNOWN  If yes, what?

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

If yes, what?

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

If yes, please describe

62 What was your occupation at the time of the assault?

63 Were you affected by any of the following just prior to the assault?

Health issues (explain)

Mental health (explain)

Physical Injury/disability (explain)

Alcohol/Drug (explain)

Other (explain)

## Q. How did you learn about The RINJ Foundation's Sex Assault Reporting Process?

- Police
- Poster
- Sexual assault service
- Doctor/GP
- Internet
- Own research

Other (describe)

## IMPORTANT REMINDER

It is important to understand that the completion of this questionnaire does not constitute a formal complaint to the NSW Police Force. 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:

I have completed this questionnaire as a representative of the victim

Name

Address

Phone Number

Email Address

Was this questionnaire completed in the presence of the victim?

YES  NO

Relationship to victim (ie: friend, volunteer, relative, counsellor)

Signed: .....

## Sexual Assault Investigation Kit (Rape Kit)

<https://rinj.org/rape/>

<https://rinj.org/rape-kit-support/>

If you are medically examined by a specialist Doctor or Nurse at a RINJ Sexual Assault Clinic within 72 hours of being assaulted, there is a potential to locate important forensic evidence. This medical procedure is referred to as a Sexual Assault Investigation Kit or SAIK and are used to provide vital evidence that assists in identifying the person/s responsible.

If you have been examined, you may recall being asked to consent for the examination to take place. You would have then been asked whether you wished to consent to releasing the SAIK for analysis. The results of that analysis would then be sent to a police service or returned to the investigating agency (RSAC).

If you chose not to release the SAIK for analysis, you may recall being told that the SAIK will be kept for 3 months. This allows you time to decide on what you wish to do. After 3 months the SAIK will be destroyed unless you made alternate arrangements with the Doctor or Nurse who examined you.

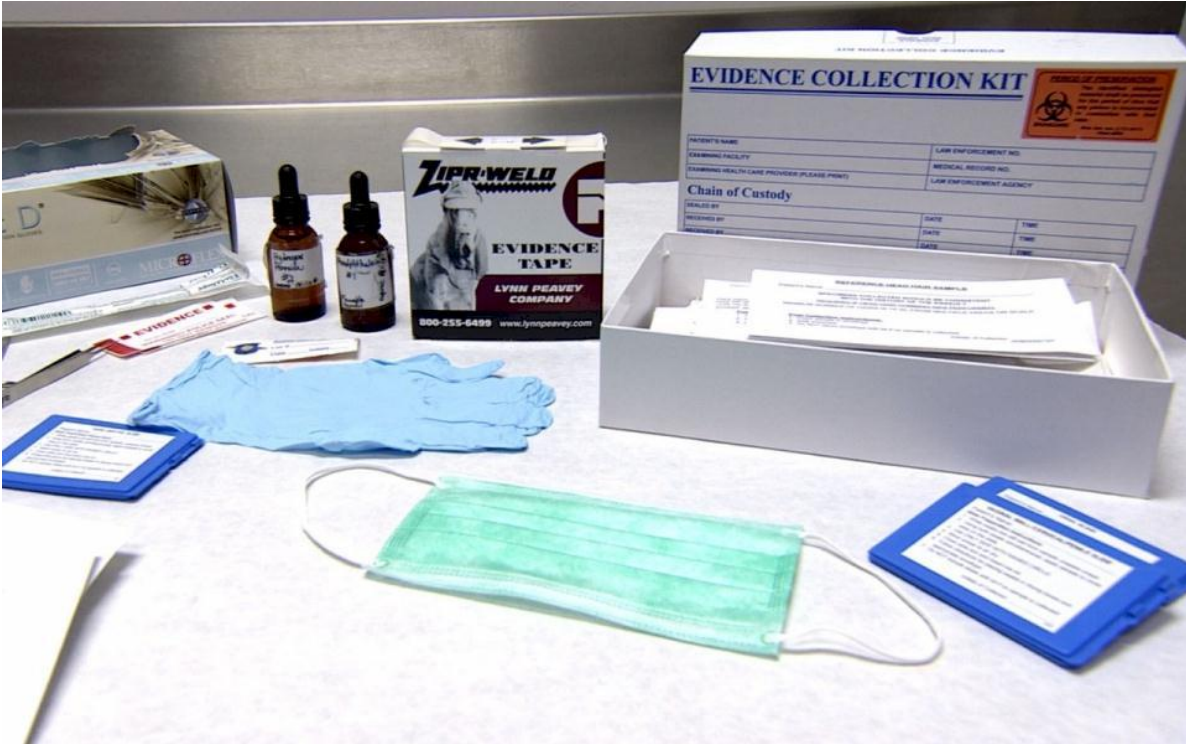
If have been assaulted within the last 3 months and a SAIK was completed, you may wish to now consider contacting the Sexual Assault Service where you attended to discuss the release of your examination for analysis. If after that discussion you decide to consent to its analysis, please be assured that this does not commit you to **any** police investigation.

If you do not know the person responsible for the assault upon you, and they are identified as a result of the analysis, police will contact your counsellor and ask them to speak with you about the result and your willingness to proceed with this matter. The choice is **always** yours.

## The Basic Rape Kit

**The procedures set out here** are for licensed nurses or doctors. As you read through the steps you begin to understand what you need and what is supplied in the forensic kits.

- Step 1: Authorization for collection and release of evidence and information form
- Step 2: Medical history and assault information form
- Step 3: (1) 20" x 30" white paper sheet, (2) outer clothing bags and (1) panties bag
- Step 4: Debris collection for nail scraping
- Step 5: Towel and comb for pubic hair combing
- Step 6: Envelope for pulled pubic hairs
- Step 7: Slides: swabs and boxes for vaginal swabs and smear
- Step 8: Slide, swabs and boxes for rectal swabs and smear
- Step 9: Slide, swabs and boxes for oral swabs and smear
- Step 10: Envelope for pulled head hairs
- Step 11: Paper disk and envelope for saliva sample
- Step 12: (2) blood vials for known blood sample collection
- Step 13: Anatomical drawings chart



**IMPORTANT REMINDER – This does not initiate a criminal proceeding. The most important aspect of such a proceeding is your willingness to testify and to provide whatever information may or may not be available about other witnesses.**

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

Date questionnaire completed: .....  
Please submit to person in attendance once completed.

Email to: [rinj@rinj.org](mailto:rinj@rinj.org)  
Or [war-crimes@rinj.net](mailto:war-crimes@rinj.net)

