



Responding to Sexual Assault Policy

1. Background

Dedicated sexual assault (SA) services are provided in the metropolitan at the Women and Newborn Health Service (WNHS) Sexual Assault Resources Centre (SARC). [The SARC webpage](#) contains a suite of resources for health professionals.

WACHS hospitals are required to ensure that those who present after experiencing SA receive appropriate medical, forensic and counselling care and support as per [OP 1928/05 Coordinated Medical and Forensic Response to those Experiencing a Recent Sexual Assault And Present to an Emergency Department](#).

It is acknowledged that most WACHS clinicians, deal with SA presentations very infrequently, which makes it difficult:

- to ensure staff with qualifications and experience in managing SA presentations are readily available
- for staff to maintain confidence and competence when responding to SA.

To increase clinician confidence, in the appropriate management of SA presentations, each region must develop a clear pathway for responding to SA presentations specific to their locally available medical, forensic and counselling resources in the most appropriate environment to ensure privacy.

Incidence of SA

- It is estimated that less than 20% of SA victims report to WAPol.
- 85% of SA victims are assaulted by someone known to them.
- Offenders are charged in 25% of cases reported.
- Less than 50% of those charged are convicted.
- Barriers to reporting of SA include self-blame, fear of blame, fear of reprisal, to protect someone, shame and not wanting family to know.

Children

- Children aged under 13 should be discussed with the Child Protection Unit (CPU) at Perth Children's Hospital via the switchboard on **6456 0089**.
- CPU have a medical practitioner on call until 2200 hours every day, after 2200 sites should contact SARC Perth for advice.
- Children under age 13 require examination by a Paediatrician
- Hospitals without a Paediatrician are required to develop a local /regional pathway to access a Paediatrician for this purpose.
- Children aged between 13 and 16 should be discussed with CPU if there are child protection concerns.
- It is law in WA that doctors, nurses, midwives, teachers, police officers and boarding supervisors must report all reasonable beliefs of child sexual abuse to the WA Department of Communities, Child Protection and Family Support (DCPFS).

- If the patient is less than 18 years old, the clinician must still submit a mandatory child sexual abuse report, even if WAPol are already involved
- The link to make a mandatory report:
<https://mandatoryreporting.dcp.wa.gov.au/Pages/MakeaReport.aspx>

Triage of children

- Nursing / medical staff should not engage in questioning the child about the incident. This should only be undertaken by an appropriate child interviewer.
- The MR1 should be used and completed with minimal information
- The nursing / medical priority is to complete A-E assessment looking for immediate clinical concerns requiring medical attention.

Responding to SA disclosure

- How we respond to disclosures of SA is very important to the long term well-being of the victim.
- Victims are more likely to disclose to Police if they are believed, respected, have a support person, feel safe and are given information about their rights and the justice process.
- Clear guidance on how to respond appropriately can be found in the WNHS [Procedure for responding to sexual assault \(best practice\)](#).

WA legislative requirements for forensic procedures

Certain forensic procedures are required by law to be undertaken by a 'qualified person' (see definition below).

Qualified persons for forensic procedures

(WA Criminal Investigation Act 2006 Section 103):

Can only be undertaken by **either** a 'qualified person' **or** any doctor

- Taking an impression from external body parts
- Searching internal body parts using XRay, Ultrasound or similar
- Searching internal orifices, other than the mouth
- Swabbing / sampling internal orifices
- Removing relevant things from internal orifices

May be undertaken by any nurse:

- Searching or removing articles or taking swabs from external body parts including 'private parts'
- Taking samples from under fingernails
- Removing objects or taking samples from the mouth
- Taking a blood sample

SA specific support resources for health professionals

Found on the [WNHS Statewide services - SARC webpage](#) and include information on:

- [Women and Newborn Health Service SARC Procedure for responding to sexual assault \(best practice\)](#).
- SARC service directories – including youth and Aboriginal specific services.
- Consumer information brochures – including languages other than English.
- Education resources including forensics training, workshops, videoconferences and e-learning package.
- Research and statistics.

2. Policy Statement

This policy sets out the specific information for WACHS clinicians required to respond to SA presentations, and particularly information that may either differ from, or is not addressed, in the [Women and Newborn Health Service SARC Procedure for responding to sexual assault \(best practice\)](#).

Response to SA presentations

- Triage should occur using the [MR3SARC WACHS SARC History and Checklist](#) to prioritise medical / psychological needs over forensic.
- Staff not confident in SA response, including doctors, should always contact Perth SARC who have a forensic medical practitioner on call 24/ 7/ 365 to provide advice and support with medical and /or forensic examinations.
- Follow the algorithm for responding to SA – see [Appendix 1](#).

Consent to WA Police (WAPol) involvement and forensic examination

- To consent to a forensic examination, a patient cannot be:
 - intoxicated (alcohol and/or drugs),
 - severely intellectually disabled
 - under 18 years of age (need a responsible person).
- If the WAPol are to be involved, they will provide a completed Criminal Investigation Act “Involved Person (Victim/Witness) Forensic Procedure Consent Form”. This form may also help determine appropriate people to consent on behalf of or in addition to the patient.
- If the WAPol are not currently involved then the clinician must determine if the victim would like to them involved, or at least discuss their options with WAPol to allow them to make a fully informed decision on the criminal process.

Transport if requires transfer for forensic examination

- If any victim requires transfer for medical indications then usual health service processes should be followed.
- If a victim requires transfer to another health service purely to enable access to forensic examination for criminal investigation (i.e. they have no have medical indications) then the following should apply:
 - **ADULT VICTIMS:** WAPol will work with locally available agencies to arrange physical transport if required

- **CHILD VICTIMS:** WAPol will work with the family and Department of Communities – Child Protection and Family Services (CPFS) to ensure either transport by:
 - (or with) a protective parent or responsible adult (including family members)
 - CPFS if there are protection concerns for transport of the child by a family member or carer
 - WAPOL if no other services available.

Forensic sampling:

- Only a doctor or ‘qualified person’ can undertake internal orifice examination or sampling of vagina, urethra or anus).
- Ideally forensic sampling would be undertaken by a doctor /nurse or midwife who has completed the WA Commissioner of Police endorsed SARC training as it is critical to ensure the integrity of forensic examples for criminal investigation purposes.
- It is appreciated that WACHS cannot ensure the availability of SA qualified persons 24/7/365 and in that circumstance:
 - any doctor can undertake the forensic examination under guidance from SARC Perth via telephone
 - the victim can self-collect samples using the Early Evidence Kit (EEK)
 - Must be collected prior to toileting or showering or washing.
- All EDs are encouraged to maintain a small supply of both types of SA evidence collection kits (in the event of infrequent SA presentation)::
 - EEK – [Early Evidence Kit order form](#)
 - Full forensic kit – [Sanex full forensic kit order form](#).

Storage of forensic samples:

- Where forensic examination has occurred, with consent to involvement police, all samples must be formally handed to the local WAPol.
- Where the client is unsure about WAPol involvement but consented to collection of an EEK, each site will need to establish a process for storage of the EEK which may include:
 - A locally agreed process between WACHS and WA WAPol to collect and store
 - Storage at the hospital in a secure, dedicated freezer with a log book of staff access
 - Samples stored by the hospital, “just in case” a person later decides to WAPol involvement:
 - are required to be stored for a minimum of seven days, **and**
 - cannot be destroyed without written consent of the client.

Staff called as witness at criminal proceedings

- In context, very few SA cases proceed to criminal trial (victims withdraw, perpetrator admits guilt, insufficient evidence to proceed etc) however clinicians who undertake forensic examination for criminal purposes need to be prepared to give evidence on their findings.
- SARC Perth will provide support for WACHS clinicians requested to provide legal statements and/or give evidence at trial including templates for statements.
- Legal and Legislative Service support can also be requested prior to provision of legal statements or if called to give evidence at trial.

3. Definitions

CoP	WA Commissioner of Police
CPFS	Department of Communities – Child Protection and Family Services
Qualified person	<p><i>Criminal Investigation Act 2006 - Section 103 (WA)</i> In relation to a forensic procedure, means a person who is qualified under the regulations to do the procedure</p> <p>Criminal Investigation (Identifying People) Regulations 2002 - Regulation 4 (WA)</p> <p>Qualified person includes:</p> <ul style="list-style-type: none"> • A police officer specifically trained • A person who has successfully undertaken training approved by the Commissioner of Police (CoP) and received a certificate of completion from the CoP i.e the SARC provided three day course
SA	Sexual assault
SARC	Sexual Assault Resource Centre Perth
SPOCC	Statewide Protection of Children Centre

4. Roles and Responsibilities

The Regional Director is responsible for ensuring each hospital /site within the Region has a local pathway for responding to sexual assault victims that aligns with this policy and their locally available resources.”

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system [MP0031/16 Code of Conduct \(Code\)](#). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

Medical and forensic records should be sealed and filed with the individual’s medical record and retained as for any other clinical medical record as per the [Health Record Management Policy](#).

7. Evaluation

Evaluation of implementation of this policy is to be carried out by the Regional Director, or their delegate, 12 months post publication.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.1b, 1.1c, 1.7a, 1.27a, 6.1, 6.11

9. Legislation

[Criminal Investigation Act 2006 \(WA\) Section 103: Who may do forensic procedure Criminal Investigation \(Identifying People Regulations \(WA\) 2002. Regulation 4: Qualified Persons](#)
[Children and Community Services Act 2004 \(WA\)- SECT 124B: Duties of certain people to report sexual abuse of children](#)

10. References

[WNHS Statewide Services - SARC webpage](#)

WA Police – Detective Superintendent, Sex Crime Division, Perth – transport of victims for forensic examination

WA Health Legal and Legislative Services – storage of forensic samples and medical records

<http://www.dcp.wa.gov.au/ChildProtection/Documents/IdentifyingAndRespondingToChildAbuseAndNeglect.pdf>

11. Related Forms

[MR3 WACHS SARC Emergency Care History and Checklist](#)

12. Related WA Health System Policies

[OP 1928/05 Coordinated Medical and Forensic Response to those Experiencing a Recent Sexual Assault and Present to an Emergency Department](#)

[OD 0606/15 Guidelines for Protecting Children 2015](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Pathway for Responding to Sexual Assault Presentations

