



Government of **Western Australia**  
Department of **Health**

# Procedure for Responding to a Recent Sexual Assault

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## 1. Purpose

*The Procedure for Responding to a Recent Sexual Assault* (the procedure) outlines key requirements of relevant health professionals when responding to an individual aged 13 years or older who presents to a hospital following a recent sexual assault.

The procedure is summarised into four key steps, outlining the requirements of health professionals when identifying and assessing, treating, referring and documenting a recent sexual assault. Each step highlights considerations for the health professional as well as additional information for noting.

The procedure is prefaced by a flow chart to assist the health professional in navigating when to seek consent and when to provide the following health services: medical care, forensic examination and specimen collection, and psychosocial support.

## 2. Background

A sexual assault is any unwanted sexual act or behaviour which is threatening, violent, forced, or coercive and to which a person has not given consent or was not able to give consent.

Sexual assault can happen to anyone, regardless of age, gender, ethnicity, or culture. In Australia, statistics show that one in six women and one in 20 men over 15 years of age will experience sexual violence (Australian Institute of Family Studies, 2012). Individuals who have experienced childhood sexual assault can be more vulnerable to being sexually assaulted as an adult.

In many cases of sexual assault, the perpetrator is known to the individual. Sexual assaults are often planned and usually occur because the perpetrator wants to feel a sense of power and control over another person.

Sexual assaults can occur within the context of intimate partner relationships. Where a relationship exists, this is considered family and domestic violence. This may be an indicator for ongoing risk concerns such as possible harm to self or to children. Sexual assaults committed by a stranger, are more often the result of proximity and can be opportunistic in nature.

An individual who has experienced a sexual assault is not responsible or at fault for what happened to them regardless of the circumstances of the assault.

A sexual assault is a traumatic experience and can be extremely distressing for an individual. There is no right or wrong way to react following a sexual assault and each person responds differently. It can affect an individual physically, emotionally, psychologically, and spiritually, and have both long and short-term consequences

### 2.1 Roles and responsibilities when responding to a recent sexual assault

It is important that public hospital staff, including administrative staff and relevant health professionals, respond to disclosures of sexual assault in a culturally sensitive and appropriate manner as improper assessment and treatment of individuals has the potential for re-traumatisation and can contribute to further distress.

Trauma-informed care requires that individuals are treated with respect and are provided adequate information regarding their options and treatment, so that they can be empowered to make informed choices that meet their needs.

Services offered to individuals who have experienced a recent sexual assault – must include:

- medical care;
- forensic examination and specimen collection; and
- psychosocial support.

A forensic examination and specimen collection must only be carried out at the request of the individual, after access to information about the examination process. The police must only be contacted with the consent of the individual. An individual who has disclosed that they have experienced a recent sexual assault is required to give informed consent for each service and procedure offered.

Many sexual assaults are not reported to the police. In the event that an individual presents to a public hospital and discloses a recent sexual assault, health professionals must offer access to and provision of forensic examination even if the individual has not yet chosen to contact police. Forensic examination will support legal requirements if the incident of sexual assault is reported to police in the future. Without a comprehensive medical and forensic examination, the likelihood of a perpetrator of sexual assault being convicted may be reduced.

Forensic examinations and specimen collection must be completed by a doctor, or a nurse or midwife who has received specialised forensic training in responding to sexual assault including performing forensic examinations and collection of forensic specimens, using a SARC Forensic Kit. In the instance that a doctor or a nurse or midwife with specialist training is not available (which may occur from time to time, particularly at remote WA Country Health Service (WACHS) sites), specimens may be self-collected by the individual using the Early Evidence Kit (EEK), and the individual may then return for further forensic examination and specimen collection at a time when a doctor or trained nurse or midwife is next available.

In the metropolitan area, the Sexual Assault and Resource Centre (SARC) Perth provides a specialist consultation service that includes medical care, forensic examination and psychosocial support. This service is available 24 hours a day, seven days a week. Health professionals in metropolitan-based public hospitals are encouraged to consult with SARC regarding all sexual assault presentations where management and care is required.

In regional areas, health professionals will be required to manage the care of patients alleging a sexual assault within the service. While access to psychosocial support may be limited, sexual assault support services may be available to provide psychosocial support to rural community members. WACHS staff are encouraged to identify their closest regional sexual assault support service and participate actively in interagency forums.

Sexual assault support services are distinct from SARC Perth. SARC Perth are available to provide tele-consultation services 24-hours a day for WACHS health professionals regarding medical and forensic care.

### 3. Procedure for responding to a recent sexual assault

To contact SARC doctors at any stage during this process, call 1800 199 888 or 6458 2222 (*KEMH switchboard*).

**Age of Individual**  
 13 and under contact CPU  
 13 - 16 years: consult supervisor, SARC or CPU  
 Check mandatory reporting requirements

Individual presents to hospital and reports being recently sexually assaulted.

Any life-threatening injuries?

YES

NO

Provide urgent medical care.

Does the individual want police involvement?

YES - Obtain *consent* to contact police.

NO

Obtain consent for forensic examination

Obtain consent to contact support person i.e. Regional Sexual Assault Support Service

Await support person, if consent given.

**Forensic Examination and Specimen Collection, if requested.**

Document injuries, collect clothes, conduct full forensic examination, where services are available. *If delay in assessment collect Early Evidence Kit (EEK).*

**Provide medical care**  
 Document and treat any physical injuries, provide emergency contraception, screen for STIs and consider prophylaxis.

**Psychosocial support**

Discuss options, discuss limits of confidentiality, assess for any risk issues\*\*\*, discuss available services, offer practical assistance, offer shower and food/drink after examination completed

**Referral**

Refer for counselling, refer for support services, refer to GP.

**Documentation:** Document assessment and referrals, label, seal, and store forensic specimens. Complete mandatory report, if required.

\*\*\* **Risk Assessment:** Mental health concerns, personal safety concerns, family and domestic violence, child abuse, elder abuse. **Refer to Step 1 F. for further information.**

## **STEP 1: Responding to initial presentation**

### **A. Assess for life-threatening conditions or physical injuries – provision of urgent medical care**

Medical concerns must be prioritised over forensic examination and specimen collection. Urgent medical concerns can include head trauma, loss of consciousness, anogenital bleeding or pain, general body injuries, intoxication and attempted strangulation. These occur most frequently within the context of intimate partner relationships. In particular attempted strangulation is often a feature of sexual assault by an intimate partner, and indicates a higher level of risk of future severe violence and homicide.

### **B. Assessment of the individual and provision of information**

Following provision of urgent medical care, assess the individual to identify:

- any further medical injuries that require immediate attention;
- primary concerns of the individual;
- the individual's capacity to give informed consent;
- the individual's capacity to understand English and interpreter needs;
- assess risk and protective factors in accordance with risk assessment forms appropriate to your workplace (see Step 2, E); and
- any mental health issues.

Reassure the individual that the sexual assault was not their fault and check with them if they have any particular concerns or needs before the assessment and examination begins.

### **C. Police involvement – obtain consent to contact the Police**

It must not be assumed that the individual will want police involvement. The individual needs to be reassured that they can access services without reporting to police, and supported to contact the police if they do. If the individual consents to Police involvement, health professionals should ensure this occurs immediately, to allow the police to attend and complete legislated documentation.

### **D. Forensic examination - obtain consent for forensic examination**

Forensic sampling should be conducted at the **first possible opportunity** by a doctor or an appropriately qualified nurse or midwife. It is best practice for WACHS sites to maintain a roster of appropriately trained staff availability to conduct assessment and examination.

The individual must give consent for a forensic examination.

### **E. If delay in assessment, collect an Early Evidence Kit**

When a doctor or an appropriately trained nurse or midwife is not available to conduct a full forensic examination, an Early Evidence Kit (EEK) must be offered to the individual for specimen collection. The EEK allows specimen to be self-collected by the individual in accordance with the instructions enclosed in the kits.

Health Service Providers can order SARC Forensic Kits and EEK supplies through [Health Corporate Network](#).

## **F. Support person – obtain consent to contact a support person**

Individuals should be encouraged to have a SARC/support worker present throughout the medical and forensic examination. Contact details for services can be found here: [SARC Services Contacts](#).

The role of the support worker during the assessment and treatment is to assist the individual throughout the process, assess risk and safety issues, and offer general support, information, and referrals to help meet the psychosocial needs.

SARC Perth or regional sexual assault support services should be contacted to provide support during the assessment and examination process, where access is available and the individual provides consent to do so.

Where no sexual assault support services are available, every attempt should be made to have a support person e.g. social worker, nurse, or Aboriginal health care worker present for the assessment and examination if appropriate to the individual.

Individuals may request to have a family member present. This is not encouraged in the forensic examination, but is a valid option for the interviews and medical examination.

## **G. Considerations prior to conducting medical care, forensic examination and psychosocial support**

### **G1. Family and domestic violence**

When responding to urgent medical issues related to intimate partner violence, refer to the [Guidelines for Responding to Family and Domestic Violence](#),

### **G2. Harm to a child**

If there is any evidence to indicate risk or harm to children, refer to the [Guidelines for Responding to Child Abuse, Neglect, and the Impact of Family and Domestic Violence](#).

If the individual is under the age of 13 years old, contact the [Child Protection Unit, Perth Children's Hospital](#) on (08) 6458 8646 during business hours or after hours switchboard on (08) 6458 8222.

If the individual is between the ages of 13 – 16 year olds, consult with your supervisor and consider contacting [Child Protection Unit](#) or [SARC Perth](#).

### **G3. Mental health concerns**

Where there are concerns in relation to the individuals' mental health, refer to [Mental Health Services](#) or consult with a clinical supervisor.

For individuals who are under the care of the Chief Psychiatrist for mental health reasons and have been sexually assaulted, refer to - [Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#) for [Public Health Services](#).

For individuals where capacity to consent is an issue, consider consultation with the Office of the Public Advocate. A forensic examination is considered a non-urgent medical examination, and a substitute decision maker, under section 110ZD of the *Guardianship and Administration Act 1990*, may be requested.

## **H. Additional information**

Medical and forensic advice is available from Perth SARC at any stage during the assessment and examination process.

## STEP 2: Medical care, forensic examination, and psychosocial support

### A. If support person contacted, await their arrival

Where SARC or a sexual assault support service has been contacted, it is ideal to have the SARC/support worker present for the assessment.

### B. Consent

The individual's written consent must be obtained on each component of the examination or treatment before proceeding. Please refer to the [WA Health Consent to Treatment Policy](#) for further information.

Collecting forensic evidence is not considered therapeutic; therefore examination and collection of forensic evidence can only be obtained from a patient who can give informed consent.

- If under significant influence of drugs or alcohol, ensure safety and notify the SARC doctor, but a forensic examination is delayed until the person has capacity to consent
- If there is a current mental illness which could impair capacity, a psychiatric medical opinion will be required as to the patient's capacity to consent
- If a minor, intellectually impaired or unconscious, the consent of a legal guardian and/or Office of the Public Advocate is required before a forensic examination can be performed
- If police are involved then consent for a forensic examination will follow the *Criminal Investigations Act 2006* legislation.

Consent issues can be discussed with the SARC Clinical Forensic Medicine team.

#### Consent required for:

- physical examination;
- genital examination; and
- collection of medical specimens.

Where forensic examination and specimen collection has been requested, **consent is required for:**

- collection of forensic specimens;
- verbal report to police; and
- provision of medico-legal report to police.

### C. Medical care

When providing medical care to consenting individuals who have experienced a recent sexual assault, relevant health professionals must:

- ask and document relevant medical history. Use of the SARC Medical Examination Record as supplied in the SARC Forensic Kit is encouraged to document relevant medical history. Please note that WACHS staff must also complete MR03SARC – SARC Emergency Care – History and Checklist;
- treat any physical injuries as required;
- offer emergency contraception if required;
- screen for sexually transmitted infection and blood-borne viruses, consider prophylaxis;
- offer medical certificate for work, if required;
- discuss medical follow up at one and three months for STI screening, pregnancy testing, and Hepatitis B vaccination, if indicated; and

- check for any other health concerns such as pre-existing conditions, mental health issues or pregnancy.

#### **D. Forensic examination and specimen collection – where consent is given**

Forensic sampling must be conducted at the **first possible opportunity** by a doctor or an appropriately qualified nurse or midwife.

Urgent medical care must not be compromised in order to obtain forensic specimens. Ideally, the medical and forensic components of the examination and treatment are parallel processes and should be completed simultaneously. Failure to do so may compromise the integrity of the forensic specimens and the criminal investigation.

If a doctor or appropriately qualified nurse or midwife is available and there are no urgent medical concerns, provide a private setting for taking history and conducting the examination. Ensure 2-3 hours is allocated to facilitate forensic sampling and for providing emotional support.

When a doctor or appropriately qualified nurse or midwife is not available, assessment and examination of cases must not be delayed more than 12 hours from initial presentation. Delays of 12 hours or more should be discussed with SARC doctors.

If forensic examination is required, the examination area including trolleys and examination bed must be wiped with hospital strength bleach or Trigene, to prevent DNA contamination. Sterile sheets and dressing pads are to be used.

When conducting forensic examination and specimen collection for individuals who have experienced a recent sexual assault, staff must:

- ask and document the history of the incident using the SARC Medical Examination Record as supplied in the SARC Forensic Kit;
- provide the individual with brief information regarding the purpose of forensic examination and what it involves;
- conduct the forensic examination in an impartial manner and only record factual information, remaining objective in the forensic examiner role;
- conduct full forensic examination with support from Perth SARC if required; and
- witness and photocopy the signed Involved Person Forensic Procedure Consent Form in the instance that police are actively involved.

Once collected, forensic specimens must be packaged to maintain chain of custody. Refer to *SARC Medical and Forensic Manual (2015)* for full guidelines. If required, call SARC Perth for advice.

As outlined above, when appropriately trained health professionals are not available, an EEK must be offered to the individual for specimen collection. The EEK allows specimen to be self-collected by the individual in accordance with the instructions enclosed in the kits.

It is important to use SARC Forensic Kits and recommended EEK because these kits meet the National Forensic Standards for minimising DNA contamination and are admissible as evidence in court. Sterile hospital swabs and items from imprest may not meet the national forensic standard for minimal DNA contamination. The SARC Forensic Kits (female and male) contain all the documents and specimen containers required for a sexual assault forensic examination.

## E. Psychosocial support

Provide adequate psychosocial support to individuals who have experienced a recent sexual assault by providing the following:

- assure the individual that they have a choice in whatever happens next;
- do not rush or pressure the individual into anything;
- discuss options with the individual so that they can make informed choices;
- make the individual aware of the limits of confidentiality;
- ensure the personal safety of the individual;
- assess for any risk issues and make referrals if required;
- ensure that there are adequate social supports for the individual;
- offer practical assistance;
- provide information and gently encourage the individual to access counselling and/or support services in your area;
- facilitate engagement with other services including making referrals;
- at the completion of the examination, offer a shower, clothing if required, food or drink;
- provide interpreters or translation services for individuals from culturally and linguistically diverse backgrounds.

## F. Additional information

Discuss the limits of confidentiality with the individual, including the risk of harm to self or others. Risk factors should be assessed by the doctor, nurse or midwife involved in the treatment of the individual, using a risk assessment form appropriate to that workplace e.g. Clinical Risk Assessment and Management (CRAM); Brief Risk Assessment (BRA); or the Risk Assessment and Management Plan (RAMP).

Assessment of the individual should be conducted in collaboration with the individual. While conducting the assessment, provide the individual with general information regarding their options e.g. medical treatment, forensic examination and specimen collection, and the involvement of the police. Depending on the age of the individual, [Mandatory Reporting](#) of child sexual abuse may be necessary. Consult with a direct supervisor and consider contacting [Child Protection Unit](#) at Perth Children's Hospital, or [Department of Child Protection and Family Support \(CPFS\)](#).

For full guidelines on the forensic and medical examination process, refer to *SARC Medical and Forensic Manual (2015)*. All regional hospitals are advised to obtain the SARC manual and forensic kits for recent sexual assault cases. Please contact SARC for information regarding how to obtain forensic examination kits or the SARC manual.

## STEP 3: Referral

### A. Referral to appropriate services

The decision to refer an individual who has experienced a recent sexual assault to appropriate services must be based on information obtained during the assessments provided.

Following assessment and treatment, discuss referral options with the individual. Written and verbal [information](#) about [sexual assault](#) and services available in the individual's area must be provided. The individual should be encouraged to engage with other services for follow up support and/or counselling.

Where appropriate, obtain consent from the individual to:

- make referrals to external agencies such as specialist sexual assault, counselling, or support service;
- schedule a follow-up medical or counselling appointment, if appropriate; and
- refer to GP if appropriate.

#### Consent required for:

- referral to external agency; and
- referral to GP.

Where the individual refuses referrals to services, relevant health professionals must:

- offer a follow-up appointment or phone call as part of the discharge planning or arrange follow-up form alternative service;
- highlight that services can be accessed later if the individual requires; and
- provide verbal and written information regarding sexual assault and available services.

### B. Specific mental health considerations

Where it is identified there is a risk to the safety of an individual or where immediate protection is required, consider referrals to:

- [local Police services](#);
- [refuge/emergency accommodation](#);
- [domestic violence services](#); and
- [Department of Child Protection and Family Support \(CPFS\)](#)

For metropolitan based individuals at who are identified as being at risk of suicide, serious self-harm or causing harm to others, health professions must:

- alert medical staff or clinical supervisor immediately, for prompt assessment for consideration of **referral** under the [Mental Health Act](#);
- consider contacting the [Mental Health Emergency Response Line \(MHERL\)](#); and/or
- local [WA Health Mental Health Service](#)

For WACHS based individuals at risk of suicide, serious self-harm or causing harm to others, health professionals must:

- alert medical staff immediately, for prompt assessment for consideration of **referral** under the [Mental Health Act](#);
- alert community mental health team/[RuralLink](#) (Free call **1800 552 002** – TTY 1800 720 101) as appropriate to day, time and site; and
- provide safe environment for the individual or others.

### **C. Additional Information**

Repeat the assessment of risk and protective factors (Step 1B) if, at any point during intervention, concerns for the immediate safety of the individual who has experienced a recent sexual assault and/or children emerge as a result of:

- identification of high-risk indicators e.g. history of non-fatal attempted strangulation; history of previous trauma or assault; threats to kill and assault during pregnancy; and
- an escalation of concerns for the physical and psychological wellbeing of the individual.

Generally, a lack of services and appropriately trained health professionals has a potentially negative effect on both individuals who have experience a recent sexual assault and staff at Health Service Providers. Health Service Providers are advised to prepare a list of local services and information to provide to individuals from the local area who present following a recent sexual assault, and refer to the supporting document *Responding to a Recent Sexual Assault: Useful contacts*.

## **STEP 4: Documentation**

Ensure the following when documenting the assessment and referral of individuals who present following a recent sexual assault:

- a brief summary including documentation of outcome, referrals made and any plans for follow up care is included in the medical records. Social history, existing strengths and risk factors should also be documented;
- the SARC examination records contained within the SARC Forensic Kits are completed when documenting medical and forensic assessment;
- injuries are recorded on the Body Diagrams provided within the Forensic Kit;
- a full report is written by the appropriately trained treating doctor, nurse or midwife when forensic evidence has been collected, when requested by Police. Templates are available from Perth SARC;
- if photography of any general body injuries is required, this can only be carried out at SARC for Perth metropolitan areas. Alternatively for services outside this area, police involvement is required and it is the responsibility of the police to arrange for a photographer;
- ensure that any forensic specimens are labelled, sealed in tamper proof bags, and stored to maintain chain of evidence;
- where required, lodge a written mandatory report for child sexual abuse; and
- where required, the decision making capacity of vulnerable adult individuals and any Guardianship Order is documented.

Following the documentation of the care and treatment provided to the individual the health professional must advise the individual of the content and type of record retained.

**This document can be made available in alternative formats  
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