



Responding to sexual assault as a GP

SARC doctors are on-call 24 hours a day for state-wide phone advice to WA GPs who are seeing patients reporting a recent sexual assault. 'Recent' means an assault that took place within the last two weeks. SARC encourages all GPs to call to discuss cases.

SARC doctors can provide general advice even if the patient does not wish to engage with SARC, or if the assault occurred more than two weeks ago.

The SARC duty doctor can be directly contacted at **SARC (08) 6458 1820 during office hours** or via the King Edward Memorial Hospital switchboard **(08) 6458 2222 out of hours**.

How to approach a disclosure of recent sexual assault

Use a trauma-informed and victim-focused approach. Remember that trauma memories are often recalled in an incomplete or non-chronological manner. You can use the [Sexual Assault Checklist](#) on the SARC website to guide your history taking and management. It can be useful to think about a patient's medical, forensic and psychological needs.



1. Medical needs

Injuries	Emergency contraception	STI and BBV screening
<p>Medical concerns always outweigh forensic needs. Assess and treat intoxication, poisoning, injuries and psychiatric emergencies as you would any other patient. Assess injuries specific to penetration, including vaginal and anal pain/bleeding.</p> <p>Unless it's an emergency or the patient declines a forensic examination, discuss any internal examination with the SARC doctor before proceeding as this can impact forensic evidence collection. Always include the SARC doctor when planning surgical or gynaecological referrals so appropriate forensic examinations can be arranged.</p> <p><u>Non-fatal strangulation (NFS)</u> Assess for any injuries or complications related to NFS. Discuss with SARC doctor if unsure. A CT angiogram may be indicated.</p>	<p>Ulipristal (EllaOne) can be taken up to 120 hours and levonorgestrel (LNG) can be taken up to 96 hours after unprotected sex. Ulipristal is more effective. Both are available over the counter. A Copper IUD can be inserted up to five days following unprotected sex. Arrange a pregnancy test three weeks post assault.</p>	<p>Consider prophylactic treatment if symptomatic or if the patient is at risk of being lost to follow-up.</p> <p>Consider baseline screening for STIs (chlamydia, gonorrhoea +/- trichomonas, depending on patient history) and BBVs (hepatitis B, hepatitis C, HIV) and syphilis.</p> <p>Identify their hepatitis B vaccination status.</p> <p>Consider their need for HIV non-occupational post-exposure prophylaxis or hepatitis B immunoglobulin – this can be discussed with SARC.</p> <p>Ensure follow-up testing for chlamydia and gonorrhoea is arranged at two to four weeks post assault and for BBV and syphilis at three months post assault.</p> <p>Encourage safe sex practices.</p>

2. Forensic needs

If a patient is interested in a forensic examination, call SARC to discuss how best to arrange this. Processes differ between the Perth metropolitan area and rural/regional areas.

- Early Evidence Kits (EEKs) are available through WA Police or local EDs and can be used for up to 48 hours post assault.
- EEKs do not take the place of a full forensic examination.
- In the Perth metropolitan area, a full forensic examination is completed by SARC doctors.
- In rural and remote areas, full forensic examinations are completed by doctors or SARC-trained nurses.
- Full forensic examinations are guided by DNA persistence guidelines.
- In the Perth metropolitan area, a full forensic examination may be considered even if the patient is unsure about reporting to police.

3. Psychological needs

- Assess ongoing safety, including access to safe accommodation and safety of children.
- Assess mental status including risk of self-harm and suicidal ideation.
- Link the patient with local counselling services (further details can be found in the SARC information leaflet "[Support Service in Western Australia](#)").
- Provide patient with the SARC crisis phone number and website details.

Referrals

Perth metropolitan referrals

SARC is a voluntary service; the patient must consent to talk to SARC. If a patient wishes to engage with SARC then a triage by a trained SARC counsellor will be arranged. The patient may be offered an appointment at SARC for forensic and medical examinations and counselling. The outcome of the triage will be communicated back to the referring doctor.

SARC will see patients regardless of their Medicare card or visa status.

If a patient requires emergency assessment in an ED, SARC will liaise with the ED to coordinate the forensic specimen collection.

SARC can provide follow-up STI/BBV testing free of charge post assault if required.

Regional/remote cases

SARC provides a 24-hour phone consultation service for healthcare workers in rural and regional WA. Call SARC to discuss how to help you support your patient.

Rural and remote patients can access the SARC crisis phone line.



Contact us

SARC duty doctor (08) 6458 1820 in office hours or via the King Edward Memorial switchboard (08) 6458 2222 out of hours

Crisis line for patients: (08) 6458 1828 or 1800 199 888 (freecall from landlines).

Mandatory reporting

Complete a mandatory report for any patient under the age of 18 years disclosing sexual assault/abuse.

If a patient is under 13 years old, discuss the case with the Child Protection Unit at Perth Children's Hospital on (08) 6456 0089.



SARC is not a drop-in service.



SARC does not provide services to perpetrators of sexual assault/abuse.