



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

Responding to a Recent Sexual Assault:

Supporting Information

Contents

SUPPORTING INFORMATION	4
Groups with Diverse Needs	4
ABORIGINAL PEOPLE	4
Practice Points	4
What to Consider	5
Risk Issues	6
Support Agencies	6
CULTURALLY AND LINGUISTICALLY DIVERSE (CaLD) BACKGROUNDS	7
Practice Points	7
What to Consider	7
Risk Issues	8
Support Agencies	8
PEOPLE WITH DISABILITIES	9
Practice Points	9
What to Consider	9
Risk Issues	10
Support Agencies	10
GAY, LESBIAN, BISEXUAL, TRANSGENDER, INTERSEX, AND QUEER COMMUNITY	11
Practice Points	11
What to Consider	11
Risk Issues	12
Support Agencies	12
PEOPLE WITH MENTAL HEALTH OR ALCOHOL AND DRUG ISSUES	13
Practice Points	13
What to Consider	14
Risk Issues	15
Support Agencies	15
OLDER PEOPLE	16
Practice Points	16
What to Consider	16
Risk Issues	16
Support Agencies	17
ADOLESCENTS	18
Practice Points	18
What to Consider	19
Risk Issues	19
Support Agencies	19

MALE SEXUAL ASSAULT	20
Practice Points	20
What to Consider	20
Risk Issues	21
Support Agencies	21
USEFUL CONTACTS	22
Sexual Assault Resource Centre	22
Regional Sexual Assault Support Services	22
Counselling Services	22
Emergency, Information, and Support Services	23
REFERENCES	24

SUPPORTING INFORMATION

Groups with Diverse Needs

WA Health recognises that within the Western Australian population there are special groups that are more at risk of being sexually assaulted or require special consideration in respect of the needs and treatment of individuals on presentation to WA Health Services.

ABORIGINAL PEOPLE

Statistics show that Aboriginal women experience higher rates of sexual assault when compared to non-Aboriginal persons. Some may have experienced multiple incidents of abuse, sometimes starting early in childhood.

Practice Points

Cultural awareness and sensitive practice is essential when working with Aboriginal people.

- It may be important for Aboriginal people to know who you are and for you to know who they are, where they are from and who their family is. Take time to allow for this to happen.
- Try to build a picture of family members who might be significant in particular situation, the offender might be closely related.
- Aboriginal women may prefer to speak with female worker.

Confidentiality:

- Is important when liaising with other agencies or community members to prevent clients feeling uncomfortable.
- Learn the dynamics of the situation and family make-up within community so that there is no conflict of interest when liaising with other agencies or communities within the area and/or region. Ask the client if you are unsure.

Where possible include an Aboriginal healthcare worker or Aboriginal person during assessment and examination:

- Ask the client if they would like to have an Aboriginal healthcare worker present.
- If yes, provide the client with the name of the Aboriginal healthcare worker and gain consent to have them present at the appointment.
- Don't presume that all Aboriginal healthcare workers would be suitable.
- If possible, clarify with the Aboriginal healthcare worker that there is no conflict of interest first after first checking with the client.

When communicating with the client:

- Do not speak over or continually interrupt a client.

- Be aware that silence does not mean that the client does not understand. Silence may mean that a client is listening and thinking.
- For many Aboriginal people standard Australian English may not be their first language and therefore it is important to speak clearly, using uncomplicated language. Interpreter support is mandatory for those who cannot fully consent without this.
- Consideration should be given to tone of voice and rate of speech.
- Be respectful of personal space.

Talking about sex and referring to private parts:

- Ask the client what words they prefer to use to describe body parts such as vagina and penis. “Privates parts” would be the most commonly used term or they may say it in their traditional language.
- Be mindful that some clients may have difficulties in communicating the term ‘sexual’ or ‘sex’ with staff.
- If you see a client struggling to say a word, try using visuals, including body charts or simple diagrams.

What to Consider

Cultural considerations:

- Awareness of and sensitivity to historical and cultural factors is vital. If you are unsure, ask the client what is important to them.
- Allow for individuality to be expressed: different Aboriginal people will act differently in similar situations. Some can talk confidently about sexuality, whilst many struggle to find the words or are too ashamed to talk about it.
- Not all young females will be aware of sex or what their sexual rights are.
- Not all Aboriginal people speak English as their first language. In these cases, the use of an Aboriginal Interpreting Service is mandatory, if available.

Shame:

- The concept of shame is very important within many Aboriginal communities.
- Shame can be overwhelming and can act as a barrier to seeking help.
- Make the client aware that you understand, and ask them what they need to feel supported.

Additional factors specific to Aboriginal people:

- There may be a previous trauma history which may cause a client to present with aggressive or defensive behaviours. The principles of trauma informed care are central to providing appropriate care.
- Additional barriers that may prevent Aboriginal people from seeking care following a sexual assault include fear of police, government departments, payback and community backlash; shame for the family in the Aboriginal community and concern that if a client reports a sexual assault, nothing will be done. All of these concerns

are valid. Ask the client what is important to them and if there is a community elder they can be linked with to support them.

Risk Issues

Risk factors that need to be considered and discussed:

- Safety issues as there may be threats or payback issues from members of the community or their own family. Ask them what community support might be most helpful, what has worked in the past.
- Being labelled and targeted for further abuse.
- Fear that perpetrator hasn't been charged and is still in the community.
- If risk factors are identified it is important to develop a safety plan.

Support Agencies

Further information and support is available from:

- Department of Health Aboriginal Cultural Learning – online training:
https://www.techniworks.com.au/Host/mispace/milookandfeel/colleges_index.asp?portal=healthwa&login_source=https://www.techniworks.com.au/healthwa&comp=healthwa
- Hey Sis: <http://www.heysis.com.au/>
- Yorgum Aboriginal Corporation: (08) 9218 9477 or
<http://www.yorgum.org.au/services/>

CULTURALLY AND LINGUISTICALLY DIVERSE (CaLD) BACKGROUNDS

Western Australia's population is highly heterogeneous. Individuals from culturally and linguistically diverse (CaLD) backgrounds are diverse in language, culture, ethnicity and religion. In addition, this community also comprises people with different migration experiences. The health and well-being of newly arrived migrants, humanitarian entrants and more settled migrants are varied and are influenced by pre- and post-arrival conditions and experiences.

WA Health has a cultural awareness training package available for all WA Health staff. In addition, further education opportunities are available from the Health Consumers Council such as Diversity Dialogues and Cultural Competency for Healthcare workers.

Practice Points

Care should be taken in respect to providing service which is culturally competent and gender-appropriate to an individual's CaLD background.

Staff should be aware of language and cultural barriers:

- It is possible that there may be language barriers therefore it is essential to provide interpreter services. This is also relevant for any written information that may be given to a client. SARC has [translated information](#) available for different CaLD backgrounds.
- It is important to engage a professional interpreter, however keep in mind that interpreters can sometimes be part of the same community as the victim. One way to avoid that is requesting a phone interpreter from the eastern states.
- Information and guidance is available to WA Health staff with the [Language Services Policy Support Toolkit](#)

Previous trauma history:

- Recent trauma experiences could have triggered symptoms related to past events.
- Some have experienced sexual violence as a result of political warfare. This can have a significant impact on them and contributed to their overall trauma.

What to Consider

Important considerations when working with individuals from CaLD backgrounds:

- Factors which may impact on an individual from a CaLD background disclosing a sexual assault such as their worldview, prior trauma history, age, and nature of the incident. WA Health staff has a window of opportunity for engaging clients and addressing barriers by providing education to individuals on their rights and options and access to services to help meet their needs.
- In Australia sexual assault is recognised as a crime however other countries have different understanding of sexual assault.

- For refugee women, the experience and effects of domestic violence following resettlement in a new country can be particularly devastating, given that many have endured sexual and gender-based violence prior to their arrival. This also makes them more vulnerable to further violence in their current relationships

Risk Issues

Once in Australia, a number of factors increase the risk of physical and sexual violence for individuals from CaLD backgrounds. Some of these are:

- Failure to recognize sexual and physical violence
- Physical, social and emotional isolation
- Language barriers
- Cultural barriers, such as shame, honour, ritual and beliefs
- Residency fears
- Stigma associated with the abuse
- Lack of knowledge of rights, law and the system
- Racism and discrimination

Support Agencies

Further support and information is available from:

- ISHAR Multicultural Women's Centre: (08) 9345 5335 or <http://www.ishar.org.au/>
- Multicultural Women's Advocacy Service: (08) 9328 1200 or <http://www.dvrcv.org.au/multicultural-womens-advocacy-service>
- Association for Services to Torture and Trauma Survivors (ASeTTS): (08) 9227 2700 or <https://www.asetts.org.au/>

PEOPLE WITH DISABILITIES

People with disabilities are more vulnerable to sexual assault and exploitation. For women with an intellectual disability, research has found that they are 50-90% more likely to experience a sexual assault than the general population.

There are different types of disability which are attributable to a physical, intellectual, or psychiatric impairment.

Practice Points

Ascertain the functional impairment of the disability

When communicating with the client and their carer:

- If the client is accompanied or assisted by a third party such as a carer, always speak directly to the client.
- As a first step, check with the client or carer about the best ways to communicate
- It is important to assess and meet the communication needs of both client and carer. For example, it may be necessary to use interpreters or hearing loops. Refer to the [Language Services Policy Support Toolkit](#) for further information
- Speak using simple language and avoid using jargon or abstract concepts.

Consent:

- Check the client's level of understanding of the situation and the procedures that will follow
- Get informed consent to forensic exam, criminal charges etc. This may require extra time and explanations.
- If the client is unable to give informed consent check with their legal guardian or carer. Where urgent consent is required it may be necessary to contact the police or the Office of the Public Advocate.

Address the needs of the client:

- Give the client control over the decision making process and treatment procedures, if appropriate.
- Safety issues or risk concerns.
- Availability of services that meet their specific needs.

What to Consider

People with disabilities are considered a vulnerable population at risk for poor outcomes.

Important factors specific to individuals with a disability:

- Carers and family members are often a vital element to a better outcome, as people with disability often depend on others to assist with care.
- People with disability are often excluded from sex education training programs.

- Health promotion material is often not appropriate for people with intellectual disability.
- Particular barriers faced by individuals can be physical, attitudinal and procedural.
- Be sensitive to the fact that the client may have sexually assaulted in the past which will impact on their current presentation.

Risk Issues

There are additional risk factors that need to be considered for people with a disability:

- Offender is likely to be a known male: another resident in a group home, a carer or other family member (including intimate partner), or a paid support worker.
- If another person is brought in to assist with support or communication, check that they are a safe person. Ask the client who they would prefer to assist them.

Support Agencies

Further information and support is available from:

- Office of the Public Advocate: 1300 858 455; www.publicadvocate.wa.gov.au
 - Information and advice to meet the needs of adults with decision making disabilities and their family or carers.
 - Investigation for concern of abuse, neglect, exploitation or to determine whether a guardian or administrator is required.
- Sexuality Education Counselling and Consultancy Agency (SECCA): (08) 9420 7226 or <http://secca.org.au/>
- Women with Disabilities WA (WWDWA): (08) 9244 7463 or <http://wwdwa.org.au/>
- People 1st Program: Services available in Perth, Bunbury, Albany and Busselton: (08) 9227 6414 or <http://www.people1stprogramme.com.au/>

GAY, LESBIAN, BISEXUAL, TRANSGENDER, INTERSEX, AND QUEER COMMUNITY

Sexual violence is not restricted to the heterosexual population. It can also affect lesbian, gay, bisexual, transgender, intersex and queer or questioning people (LGBTIQ).

In Australia people are classified at birth as either female or male and are raised accordingly. However, it should not be assumed that individuals identify as either 'male' or 'female' based on their biological sex.

'Transgender' and 'trans' are used as umbrella terms often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. It is not appropriate to call someone 'a tranny' or 'transgendered'. Sometimes a person who was classified female at birth but identifies as male may describe themselves as a 'transman'. Likewise, the term 'transwoman' is sometimes used by people were classified male at birth but identify as female.

'Intersex' is when a person is born with both female and male characteristics. It is common for intersex people to identify as either female or male, or they may use the term 'intersex' to describe their gender identity.

Practice Points

Confidentiality may be a particular concern for LGBTIQ individuals as they may not have disclosed their sexuality and/or gender identity to others such as family, friends or colleagues and they may fear being 'outed' or alienated.

Language can sometimes create a barrier to health service provision, which can lead to poor health outcomes. The language used by health professionals is important:

- Staff should ask a client directly their preferred language and how they wish to be described and referred to.
- Don't use language that assumes a person's identity, sexuality or relationship.
- Use language that is gender neutral.
- Use inclusive language when talking about people's relationships. For example, use the term 'parent' instead of 'mother/father' or the term 'partner' instead of 'boyfriend/girlfriend' or 'husband/wife'.

What to Consider

Discrimination or prejudice against LGBTIQ people is a common problem in Australia, including in health settings. It can include:

- Heterosexism - a system of attitudes, bias and discrimination in favour of opposite-sex sexuality and relationships.
- Cissexism – the assumption that all people fall into one of two genders and that their gender always corresponds with their sex assigned at birth.
- Homophobia, Biphobia and Transphobia - a range of negative attitudes and feelings directed towards LGBTIQ people.

Barriers to reporting sexual assault for individuals who identify as LGBTIQ may include fear of discrimination, social exclusion and abuse. In addition, there may be a fear of negative stereotypical and uninformed responses from health care workers and mainstream providers. Beware of prejudice to ensure this doesn't influence the treatment of your client and affect your professional responsibility.

Additional considerations specific to the LGBTIQ community:

- Sometimes LGBTIQ people implement strategies to conceal their sexuality and/or gender identity.
- For those in regional and remote locations, there may be limited access to support services, legal protection and suitable crisis accommodation which understand the unique issues faced by LGBTIQ individuals.
- Some trans or intersex clients may have physical characteristics which are different from societal expectations. They may be concerned about the reactions of health care professionals.
- Some trans clients may experience body dysphoria, particularly connected to sexual body parts, and may be very uncomfortable with clinical examinations.
- Some people who *do not* identify as gay, lesbian or bisexual may still engage in *same-sex* sexual behaviours. These individuals may have difficulties accessing relevant sexual health information and services. In addition, they may be less likely to report a sexual assault.
- Sexual assault can also occur within the context of same-sex relationships.

Risk Issues

Risk factors that need to be taken into consideration:

- Discrimination or alienation from friends, family, work colleagues and the LGBTIQ community.
- Increased risk of psychological distress and isolation.
- The sexual orientation and/or gender identity of an individual can increase their risk of being sexually assaulted.
- Risk-taking behaviours that some LGBTIQ individuals may engage in such as sex work or visiting 'beats', making them more vulnerable to current and future harm.

Support Agencies

Further support and information is available from:

- Living proud: <http://www.livingproud.org.au/>
 - [Provides support information and resources to the LGBTIQ community.](#)
- Q Life: 1800 184 527 or <https://qlife.org.au/>
 - National phone or online counselling and referral service.
- Western Australian AIDS Council (WAAC): <http://www.waaid.com/>
 - [Wide range of services in the prevention of HIV, STIs and blood borne virus transmission.](#)
- Sexual Health Quarters (SHQ): (08) 9227 6177 or <http://shq.org.au/>

PEOPLE WITH MENTAL HEALTH OR ALCOHOL AND DRUG ISSUES

There is a strong association between mental illness and sexual assault. People who have suffered childhood sexual assault can be vulnerable to mental illness over time. A large number of sexual assaults occur when an individual is psychiatrically unwell or under the influence of drugs or alcohol.

Individuals with mental illness or alcohol and drug issues are more vulnerable to being sexually assaulted. Individuals with a severe mental illness are more likely to have experienced a previous sexual assault than the general population.

For individuals with alcohol and drug issues, it is likely that they have experienced previous trauma such as childhood sexual abuse. For people with a trauma history, they may use drugs or alcohol as a way of coping with these experiences.

Abuse may occur while a vulnerable person is an inpatient in an institution or health care setting. Where an individual under the care of the Chief Psychiatrist for mental health reasons reports that they have been sexually assaulted, it is mandatory to report the incident to the Office of the Chief Psychiatrist, regardless of whether the alleged assailant is a staff member or another inpatient.

For psychiatric or mentally impaired patients who report a recent sexual assault, refer to the WA Health Operational Directive - Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist

Practice Points

Medical and psychiatric care should take priority over forensic examination and specimen collection.

Regardless of mental health or alcohol and drug issues, all clients presenting following a recent sexual assault deserve respect and should be treated with a non-judgemental approach.

Comprehensive assessment is crucial.

Where significant mental health concerns are present:

- It is ideal for an appropriate member of staff such as a psychiatrist to conduct a mental health examination.
- Consider risk factors including suicidal ideation, self-harm, psychosis or alcohol and drug use.
- Decision-making capacity should be assessed by an appropriate staff member where there is concern or uncertainty over the client's capacity to make an informed decision or provide consent.
- Safety, psychological and physical needs of the client are paramount.
- Liaison with other health services or professionals may be necessary.

When a person is under the influence of alcohol or drugs:

- Decision-making capacity should be assessed by an appropriate staff member where there is concern or uncertainty over the client's capacity to make an informed decision or provide consent.
- Arrangements should be made to safely and sensitively house these individuals until they are deemed able to make an informed decision or provide consent.
- Staff must understand that persons under the influence of substances may become aggressive so it is important to ensure the safety of staff at all times.
- Liaison with other health services or professionals may be necessary.

Decision-making capacity:

- If it is determined that the client does not have decision-making capacity, use an appropriate personal representative.
- If there is no appropriate personal representative contact the Office of the Public Advocate.
- If the sexual assault was perpetrated by a family member or relative it may be necessary to involve the Office of the Public Advocate.

Client management:

- Privacy and confidentiality of the client should be respected.
- Client management plans should be comprehensive and completed in a timely manner.
- Depending on the nature of the assault, mandatory reporting requirements may apply.
- Clients with co-morbid diagnoses can experience falling between the cracks of drug and alcohol and mental health services so ensure that extra effort is employed to link the client with the right support at the right time.

Previous trauma history:

- Recent trauma experiences could have triggered symptoms related to past events.
- Treatment of clients should be handled in a sensitive way to ensure the safety and wellbeing of clients and staff.

What to Consider

Important considerations with clients who have mental health or alcohol and drug issues:

- A sexual assault may exacerbate mental health issues or alcohol and drug use. A history of sexual assault may further exacerbate these issues.

Risk Issues

There are risk factors specific to individuals with mental health or alcohol and drug issues:

- Increased risk of suicidal ideation or self-harming behaviours.
- Engaging in risk taking behaviours.
- Risk to staff safety.
- Vulnerability to further harm.
- Vulnerability to ongoing abuse.

Support Agencies

Further support and information is available from:

- Office of the Chief Psychiatrist: <http://www.chiefpsychiatrist.wa.gov.au/>
- Office of the Public Advocate: 1300 858 455; www.publicadvocate.wa.gov.au
 - Information and advice to meet the needs of adults with decision making disabilities and their family or carers.
 - Investigation for concern of abuse, neglect, exploitation or to determine whether a guardian or administrator is required.
- Western Australia Mental Health Commission: <https://www.mhc.wa.gov.au/>
- Helping Minds (formerly Arafmi): (08) 9427 7100 or 1800 811 747; <http://helpingminds.org.au/>
 - Regional offices in Geraldton, Broome, Carnarvon and South Hedland
 - Mental health services and carer support.
- Community Alcohol and Drug services: <https://www.mhc.wa.gov.au/getting-help/community-alcohol-and-drug-services/>
- Community support services: <https://www.mhc.wa.gov.au/getting-help/community-support-services/>

OLDER PEOPLE

Older people have been identified as a group at higher risk of sexual assault in both community and residential settings. Older women in particular have been identified as particularly vulnerable.

Older people are more likely to be sexually assaulted by family members, friends or care workers than a stranger.

Research has identified that more than half of elderly victims of sexual assault have died within a year of the experience.

Practice Points

Mandatory reporting for older people who have been sexually abused is only required for residential aged care homes.

- It is strongly recommended to discuss any concerns with a supervisor. Further information is available regarding [reportable assaults](#).
- It may be necessary to discuss concerns with external agencies or services.

What to Consider

- An older person may be reluctant to disclose a sexual assault if there is a relationship or reliance on the perpetrator.
- Individuals may have a cognitive impairment or other disability further increasing their vulnerability.
- If the older person is from a culturally or linguistically diverse (CaLD) background, there may be language or cultural barriers. Ensure an interpreter is used if required and refer to the CaLD backgrounds section for further information.

Risk Issues

There are risk factors specific to an older person:

- The older person may be dependent on the perpetrator for financial, emotional, physical or social support. It is also possible for the perpetrator to be dependent on the older person.
- The presence of any cognitive or health impairments may reduce the ability of the older person to protect themselves.

Support Agencies

Further information and support is available from:

- Elder Abuse Helpline: 1300 724 679
- Advocare: (08) 9479 7566 or free call 1800 655 566; www.advocare.org.au
 - Support and advocacy for older people who are being abused, or at risk of being abused.
- Office of the Public Advocate: 1300 858 455; www.publicadvocate.wa.gov.au
 - Information and advice to meet the needs of adults with decision making disabilities and their family or carers.
 - Investigation for concern of abuse, neglect, exploitation or to determine whether a guardian or administrator is required.

ADOLESCENTS

Refer to the WA Health the Guidelines for Responding to Child Abuse, Neglect and the Impact of Family and Domestic Violence.

Refer to Department of Child Protection Mandatory Reporting Legislation.

Adolescent females between 15 and 19 years of age are considered the most at risk of being sexually assaulted.

The adolescent's best interests are paramount and all workers have a duty of care to ensure the safety and protection of any adolescent.

Practice Points

Assess if mandatory reporting is required:

- A child is anyone who is under 18 years of age.
- Where the abuse occurred in a care setting.
- Mandatory reporting is required where there is a reasonable belief that child sexual abuse has occurred.
- This is a legal requirement which applies to doctors, nurses, midwives, teachers, police officers and boarding supervisors.

Assess safety or risk:

- It is important to define or clarify if the child is in need of protection. With adolescents the perpetrator is often known.
- Make sure that it is safe for the young person to go home and identify if there are any other children at risk.
- Fear of not being believed or being responsible for the abuse may be a factor for adolescents. Offer reassurance to the client that you believe them.

When talking with adolescents:

- Ask open questions and listen non-judgementally
- Document all discussions - this includes any spontaneous disclosures in the adolescent's words.
- Do not use leading questions.
- Use appropriate language.

Where unsure consult with your supervisor or Child Protection Unit (CPU) about the child's need for a medical or forensic examination.

What to Consider

Important considerations when working with adolescents:

- No victim of sexual assault should be examined against their will.
- There are barriers which prevent adolescents from reporting such as fear of being in trouble or having to disclose risk-taking behaviour, concern over mandatory reporting, and fear of the perpetrator. It is also possible that they may not identify the incident as being a sexual assault.
- Adolescent males are even more reluctant to report sexual assault than adolescent females.

Risk Issues

A sexual assault can have a significant impact on an adolescent and there are additional risk factors that need to be taken into consideration:

- If perpetrator is known to the adolescent
- If the perpetrator has a history of abuse
- Protectiveness of parents/ caregivers
- If the child has a disability
- If the abuse occurred in a care setting

Support Agencies

Due to Mandatory Reporting, key agencies to be involved in protecting the child are Police and the Department for Child Protection and Family Support.

Further support and information is available from:

- CPU at Perth Children's Hospital: (08) 9340 8646 between 8:30am and 5pm Monday to Friday; after hours switchboard (08) 9340 8222.
 - CPU provides free medical, forensic, social work and therapy services for Children and Adolescents under the age of 16, who have experienced intrafamilial sexual abuse or other forms of child abuse.
 - CPU also provides consultation to others working in the field of child abuse.
- Department of Communities Child Protection and Family Support: (08) 9222 2555 or freecall 1800 622 258
- Crisis Care Helpline 08 9223 1111 or freecall 1800 199 008

MALE SEXUAL ASSAULT

Although sexual assault is more often experienced by women, males can also experience sexual assault.

Males are usually sexually assaulted by another man. This does not mean that the perpetrator is necessarily a homosexual. Some men are sexually assaulted because those perpetrating the assault are homophobic and believe a person is homosexual, or that they should be punished for being 'homosexual'.

For men who are sexually assaulted by females, it can be more difficult to disclose and access support.

Just like there are sexual assaults in 'heterosexual' relationships and in the straight community, there are similar rates in 'same-sex attracted' or 'gay couples'.

Males are less likely to report a sexual assault for fear of judgement, stigma or being treated differently. It can lead to them questioning their masculinity, sexuality and self-identity'.

Practice Points

Comprehensive assessment and management is important:

- Clients may be reluctant to disclose the full extent and impact of the sexual assault. Meet the client where they are at.
- Assessment of risk factors and safety of the client is important.
- Consider the needs of the client when making referrals to appropriate services.
- Provide information and encourage clients to seek further support or counselling to help manage the effects of the sexual assault.

What to Consider

Considerations specific to males who have been sexually assaulted:

- They may present for treatment of physical injuries but do not report that they have been sexually assaulted.
- Barriers that influence men reporting sexual assault include masculine stereotypes, individual's fears that they may become a perpetrator and belief that there are only limited resources available for them.
- Societal beliefs that men are strong and should be able to protect themselves can lead to feelings of inadequacy, shame and guilt.
- Services may lack the knowledge and skills to address the unique issues faced by males who have been sexually assaulted.
- Men can be sexually assaulted as a consequence of homophobia or racism.
- Be mindful that a client could have a history of childhood sexual abuse.

Risk Issues

Risk factors that need to be taken into consideration:

- Increased risk of psychological distress and isolation.
- Difficulty coping with the effects of a sexual assault can lead to risk taking such as drinking, drug use, gambling or aggressive behaviour.
- Depending on the relationship with the perpetrator there may be risk of future harm.

Support Agencies

Further information and support is available from:

- MensLine Australia: 1300 789 978 or <http://www.mensline.org.au/>
- Livingwell: <https://www.livingwell.org.au/>
- 1in6: <https://1in6.org/>

USEFUL CONTACTS

Sexual Assault Resource Centre

24 hour Emergency Line for a recent sexual assault	(08) 6458 1828 1800 199 888 (Freecall)
24 hour medical and forensic advice for doctors and nurses	(08) 6458 1828 (08) 6458 2222
Emergency telephone counselling (8.30am to 11.00pm daily)	(08) 6458 1828
Business Hours	8:30 am – 5:00 pm

Regional Sexual Assault Support Services

Acacia Support Centre (South Hedland)	(08) 9172 5044 (24hrs)
SARC Goldfields (Kalgoorlie)	(08) 9091 1922 1800 688 922 (Freecall)
Chrysalis Support Services (Geraldton)	(08) 9938 0750 1800 016 789 (Freecall)
Waratah Support Centre (Bunbury)	(08) 9791 2884 1800 017 303 (Freecall)
Allambee Counselling Service (Mandurah)	(08) 9535 8263

Counselling Services

The following organisations offer counselling and/or support services to people who have experienced sexual assault or sexual abuse.

Anglicare	1800 812 511
Centrecare	(08) 9325 6644

Phoenix (Formerly Incest Survivors' Association)	(08) 9443 1910
Relationships Australia	1300 364 277
Lifeline	13 11 14 (24hr Freecall)
Kids Helpline	1800 551 800 (24hr Freecall)
Association for Services to Torture and Trauma Survivors	(08) 9227 2700

Emergency, Information, and Support Services

Emergency Services (life-threatening situations)	000
WA Police (non-emergency)	131 444
Crisis Care	(08) 9223 1111 (24hrs) 1800 199 008 (Freecall)
1800RESPECT – National counselling helpline, information and support service	1800 737 732 (24hrs)
Mental Health Emergency Response Line	1300 555 788 Metro (24hrs) 1800 676 822 Peel (Freecall)
RuralLink – Emergency mental health service for rural communities	1800 720 101 (Freecall) 4:30pm–8:30am Mon- Fri Sat/Sun/Pub holidays (24hrs)
Victim Support and Child Witness Services	(08) 9425 2850 1800 818 988 (Freecall)
Women's Domestic Violence Helpline	(08) 9233 1188 (24hrs) 1800 007 339 (Freecall)
Sexual and Reproductive Health WA	(08) 9227 6177 1800 198 205 (Freecall)

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USEFUL LOCAL SERVICE INFORMATION

HOSPITAL SERVICE

HOSPITAL:

CONTACT:

TELEPHONE:

COUNSELLING SERVICES

NAME:

CONTACT:

TELEPHONE:

POLICE

STATION:

CONTACT:

TELEPHONE:

CRISIS SERVICES

NAME:

CONTACT:

TELEPHONE:

CRISIS ACCOMMODATION

REFUGE:

CONTACT:

TELEPHONE:

FAMILY AND DOMESTIC VIOLENCE

NAME:

CONTACT:

TELEPHONE:

DEPARTMENT FOR CHILD PROTECTION - DISTRICT OFFICE

NAME:

CONTACT:

TELEPHONE:



XC100060

_____ Hospital / Health Service WACHS SARC Emergency Care: History & Checklist Doctor: _____ Date: _____	Surname	UMRN / MRN	
	Given Name	DOB	Gender
	Address		Post Code
			Telephone

This form is for use in Emergency for adolescent / adult patients who allege sexual assault

ALWAYS CONTACT SARC: Phone (08) 6458 1828 (24 hours / 7 days)
After Hours SARC Doctor available direct via KEMH switchboard (08) 6458 2222

Support person present: YES NO "Can we contact anyone for you?"

"I need to ask some questions about what happened so we can help and support you"

BRIEF DETAILS OF ASSAULT	Date of assault:	Time of assault:	
TYPE OF ASSAULT	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Oral	<input type="checkbox"/> Anal
Penetrated with (e.g. penis, finger, object)			

QUESTIONS To determine medical review	YES	NO
Have you sustained any injuries or are you in pain? (excluding minor genital discomfort / soreness)	<input type="checkbox"/>	<input type="checkbox"/>
Did you experience a blow to the head, loss of consciousness or pressure around the neck?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any vaginal or anal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
For female patients: Date of last period: _____ Are you currently pregnant? Are you currently on any contraception?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you have any children under 18 years of age? (If YES, ask if they are safe?)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with or treated for a mental health issue?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any questions the patient may need to be reviewed by a doctor

FORENSIC QUESTIONS	YES	NO
Did you know the person who did this prior to this incident?	<input type="checkbox"/>	<input type="checkbox"/>
Are the police involved? (If no current police involvement) Do you wish to report to the police?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you passed urine since it happened?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a shower or bath since it happened?	<input type="checkbox"/>	<input type="checkbox"/>
Have you changed clothes since the incident?	<input type="checkbox"/>	<input type="checkbox"/>

"We need to ask you about alcohol and other drugs. Have you taken anything in the past 24 hours?"

<input type="checkbox"/> Alcohol consumed (number of units):
<input type="checkbox"/> Drugs consumed (type and amount):

_____ Hospital / Health Service WACHS SARC Emergency Care: History & Checklist Doctor: _____ Date: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

CLINICAL MANAGEMENT – Some of the following medications may be required:	
Emergency Contraception	
Azithromycin 1g (PO)	
Ceftriaxone 500mg IM/IV	
Hepatitis B immunoglobulin	
Hepatitis B vaccination	
HIV NPEP required (call SARC for advice)	

Has a mandatory report been made? YES NO N/A
 (If <18yrs. mandatory reporting obligations apply). Please see: www.health.wa.gov.au/mandatoryreport.

FORENSIC MANAGEMENT – Using Forensic Kit (call SARC if unsure)			
Early Evidence Kit collected (please indicate below which specimens taken)			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Oral rinse	<input type="checkbox"/> Vulval / penile wipe	<input type="checkbox"/> Anal wipe	
<input type="checkbox"/> First void urine	<input type="checkbox"/> Toxicology: Urine Must include exact time taken	<input type="checkbox"/> Toxicology: Blood Must include exact time taken	<input type="checkbox"/> Patient weight ____ kg Only if toxicology required
Clothing collected (use paper bags, one item per bag)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Forensic Examination			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Forensic Examination Kit collected			<input type="checkbox"/> YES <input type="checkbox"/> NO

SUPPORT		
Referred to support service		
<input type="checkbox"/> SARC Regional	<input type="checkbox"/> SARC Metro	<input type="checkbox"/> Social Work
<input type="checkbox"/> Counselling Services	<input type="checkbox"/> Relationships Australia	<input type="checkbox"/> Other:
Contact made with:		

Nurse Name (please print): _____ Doctor Name (please print): _____

Nurse Signature: _____ Doctor Signature: _____

Date & Time: _____ Date & Time: _____

Please file this form with the forensic notes (if present) or the general medical notes

After a Sexual Assault

Sexual assault can be a very traumatic experience. It is also a common occurrence- with many women and men in Australia being sexually assaulted by a stranger, a partner or someone they know.

Short Term Effects of Sexual Assault

There is no right or wrong way to feel after a sexual assault. In the days following the assault, you may find yourself experiencing a range of physical and emotional reactions. These reactions could include:

- Feeling isolated, alone and thinking that no one understands
- Emotional reactions such as shame, guilt, anger, rage, fear
- Unable to stop thinking about the assault
- Confused thinking
- Feeling responsible for the assault
- Not wanting to be touched by anyone
- Feeling unsafe when alone
- Feeling empty and numb
- Experiencing headaches, nausea, stomach aches, loss of appetite & fatigue
- Changes in sleep patterns and experiencing nightmares
- Feeling a sense of grief and loss
- Feeling disgusted and dirty
- A change in the way you feel about sex
- Finding it difficult to trust others
- Feeling nervous and anxious
- A range of other emotions

Remember

These are all common reactions to a traumatic event.

It's important to know that you are not going 'crazy'.

It can be very difficult to make sense of what happened and you may start to question some of the things you have always believed.

It is your choice whether you report the sexual assault to Police or not. If you decide to report to Police, there may be an opportunity for Police to gather forensic evidence- the sooner the evidence is gathered, the better.

There are services available to help, whether you choose to report to Police or not.

There are people you can talk to who are trained and experienced in counselling people who have experienced a sexual assault. You are not alone; there is always someone you can talk to.

Long Term Effects of Sexual Assault

Almost everyone who goes through a sexual assault will be emotionally affected in some way. For some, the experience will have a range of detrimental effects on them and the people around them. Some people recover more quickly. There is no right or wrong way to how you react following the assault.

Some of the longer term impacts following a sexual assault can include:

- Intrusive thoughts, flashbacks, nightmares
- Depression
- Alcohol or substance abuse
- Fears or phobias
- Anger issues
- Mental health issues
- Anxiousness
- Self harm or suicidal thoughts
- Mood swings
- Difficulty with intimacy and sex
- Isolating yourself socially
- Post traumatic stress disorder

Counselling

If you, or someone you care about, is continuing to struggle weeks or months after experiencing trauma, contact a GP or professional service for help.

Counselling can provide you with an opportunity to talk to a supportive, non-judgemental person about what happened and how it has affected you. It can help you to manage your feelings, reduce your feelings of isolation and recover from the experience. It is usually best to see a counsellor who is knowledgeable about trauma and has experience in working with people who have experienced sexual assault. If you aren't satisfied with the first response you receive, try somewhere else.



Some tips for taking care of yourself

Do

- Spend time with people who care
- Talk about how you feel or what happened, to someone you trust, when you are ready
- Make time to rest
- Try to keep a routine going, such as work or study. Make a timetable and schedule at least 1 enjoyable or relaxing activity each day
- Do make time for relaxing (e.g. breathing exercises, yoga, walks, baths, reading, music) whatever works for you
- Eat healthily and do gentle exercise if you can
- Do things that you enjoy
- Try to cut back on tea, coffee, chocolate, soft drinks & cigarettes

Don't

- Use alcohol or drugs to cope
- Work too much and become too busy
- Engage in stressful family or work situations
- Make major life decisions
- Avoid talking about what happened and bottle up your feelings
- Withdraw from family and friends
- Stop yourself from doing things that you enjoy
- Take risks
- Be hard on yourself and expect too much from yourself

Remember

The assault was NOT your fault.

A range of strong feelings is common soon after a traumatic event.

It may take time to heal after you have been sexually assaulted.

Most people will recover with the support of family and friends.

Be patient with yourself and ask for help when you need it.

There is always somewhere you can go to for help.

Telephone Contacts

Police Sex Assault Squad
The Respect Line

Mental Health Emergency
Response Team
Lifeline
The Samaritans
Sexual and Reproductive
Health WA
Victim Support Service

Women's Domestic
Violence Helpline
Men's Domestic Violence
Helpline
Crisis Care

To report a sexual assault
24 hour counselling for people experiencing
sexual assault or domestic violence
For mental health emergencies

Telephone crisis counselling
24 hour telephone support
Counselling & sexual health services

Counselling and court support service

24 hour telephone counselling, information,
referral and support
24 hour telephone counselling, information,
referral and support
24 hour telephone crisis support including
emergency accommodation

Phone (08) 9223 3442 a/hrs 131 444
Phone 1800 737 732

Phone 1300 555 788

Phone 13 1114 (24-hour line)
Phone (08) 9381 5725
Phone (08) 9227 6177

Phone (08) 9425 2850
Free call 1800 818 988
Phone (08) 9223 1188
Free call 1800 007 339
Phone (08) 9223 1199
Free call 1800 000 599
Phone (08) 9223 1111

Local Supports



Government of Western Australia
Department of Health

SARC

SEXUAL
ASSAULT
RESOURCE
CENTRE

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

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