



Responding to Sexual Assault Policy

1. Purpose

WA Country Health Service (WACHS) Hospitals are required to ensure that those who present to an emergency department (ED) after experiencing recent sexual assault receive appropriate medical, forensic and counselling care and support as per [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 sexual assault presentations very infrequently, which makes it difficult:

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

Overarching guidance on how to respond appropriately can be found in the Department of Health [Procedure for responding to sexual assault \(best practice\)](#).

1.1 Incidence of sexual assault

The following statistics, sourced from the [Australian Institute of Health and Welfare](#) indicate:

- it is estimated that less than 10% of sexual assault victims report to WA Police
- 75% of sexual assault victims are assaulted by someone known to them
- approximately 39% of Sexual Assaults are linked to family and domestic violence (FDV) in Australia
- if a person has been sexually assaulted in the context of family and domestic violence, this information needs to be taken into consideration when assessing their safety as this is a known evidence-based FDV high-risk factor and may indicate this person is at greater danger of being harmed or killed
- if the patient discloses the sexual assault occurred in the context of FDV (i.e. by an intimate partner or ex), follow ED FDV Pathway.



ATTENTION

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

1.2 Responding to sexual assault Disclosure

How we respond to disclosures of sexual assault is very important to the long-term well-being of the victim. Patients, including young people under 25 and Aboriginal people 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.

1.3 Sexual assault specific support resources for health professionals

The King Edward Memorial Hospital (KEMH) [Statewide services - SARC webpage](#) provides information on:

- Sexual Assault Resource Centre (SARC) service directories – including youth and Aboriginal specific services and regional sexual assault support services
- consumer information brochures – including languages other than English
- education resources including forensics training, workshops, videoconferences and e-learning package
- research and statistics.

In addition, interpreter services can be sought through:

- Interpreters and Interpreting Services - [Language services](#)
- Aboriginal Interpreting WA - [AIWAAC](#)

2. Policy

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

2.1 Response to sexual assault presentations

The following should be observed when responding to a presentation following alleged sexual assault:

- triage should occur using the [SARC Sexual Assault Checklist](#) located in the First responder kit to prioritise medical/psychological needs over forensic
- staff, including doctors, should always contact 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 collection of evidence – see Appendix A

2.2 Consent to WA Police involvement and forensic examination

To consent to a full forensic examination, a patient cannot be:

- intoxicated (alcohol and/or drugs),
- Adults who have been assessed as not having decision making capacity
- under 18 years of age (need a responsible person).
- If the WA Police 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 WA Police are not currently involved then the clinician must determine if the victim would like to involve them, or at least discuss their options with WA Police to allow them to make a fully informed decision on the criminal process.
- Early evidence Kits (EEK) are primarily self-collected and/or nothing collected by a healthcare worker is an intimate sample so can be collected when intoxicated. However samples should not be handed over to police until the person is no longer intoxicated and consents.

2.3 If required- Patient transfer for forensic examination

Should a patient require transfer to another health service:

- for medical indications then usual health service processes should be followed.
- to enable access to forensic examination for criminal investigation (i.e. they have no medical indications) then the following should apply:
 - **ADULT VICTIMS:** WA Police will work with locally available agencies to arrange physical transport if required
 - **CHILD VICTIMS:** WA Police will work with the family and Department of Communities – Child Protection (DCCP) to ensure either transport by:
 - (or with) a protective parent or responsible adult (including family members) or
 - DCCP if there are protection concerns for transport of the child by a family member or carer or
 - WA Police if no other services available.

2.4 Forensic sampling

The following applies to sampling of forensic evidence:

- 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 sexual assault qualified persons 24/7/365 and in that circumstance:
 - any doctor can undertake the forensic examination under guidance from SARC Perth via telephone and/or
 - 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 sexual assault evidence collection kits (in the event of infrequent sexual assault presentation) ordered via stock imprest:
 - *Sexual Assault Early Evidence Kit – Imprest UCN 200266H
 - *Sexual Assault Forensic Toxicology Kit- Imprest UCN 296998K
 - *Sexual Assault First Responder Pack - Imprest UCN 296999M
 - Full forensic kit (female)– Imprest UCN 127836P
 - Full forensic kit (male) – Imprest UCN 127837R

Further information on Forensic examination and specimen collection available via [SARC What is a forensic examination and specimen collection](#).

**kit associated with Early Evidence Kit requirements*

Storage of forensic samples:

The following applies to storage of forensic samples:

- where forensic examination has occurred, with consent to police involvement, all samples must be formally handed to the local WA Police.
- where the patient is unsure about WA Police involvement but consented to collection of an EEK, the samples will be stored 'just in case' by PathWest at the Queen Elizabeth II (QEII) Medical Centre for a period of 12 months.

- each site will need to establish a process for storage of the EEK whilst awaiting transport to PathWest QEII. Which must include:
- keep EEK in fridge (in staff only clinical area) until ready for transport.
 - Fridge should be in a secure area with limited access, such as via swipe card
 - EEKs must be transported off site in an ESKY with ice blocks as soon as possible (within 24 hours)
 - Location site of collection is recorded, and the receiving party e.g. PathWest/WA Police
 - Consider site plans when PathWest is not 24/7. The aim is for samples to be at QEII within 48 hours.



ATTENTION

The following applies to samples stored at QEII “just in case” a patient later decides to WA Police involvement:

- If the assault has not been reported to police within 12 months and the victim is 18 years or older when the forensic specimens were collected - The specimens will be de-identified and destroyed. They will not be contacted before this happens.
- If the patient is under 18 years old when the forensic specimens were collected, the EEK will be transferred to WA Police to be stored indefinitely. Testing of the specimens may be undertaken to protect any evidence that may be required at a later time

This information is explained in the patient information envelope given to patient

2.5 Staff called as witness at criminal proceedings

The following applies to staff called as witnesses at criminal proceedings:

- whilst very few sexual assault cases proceed to criminal trial (victims withdraw, perpetrator admits guilt, insufficient evidence to proceed etc) clinicians who undertake forensic examination for criminal purposes need to be prepared to give evidence on their findings.
- SARC Perth will provide support to 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.

2.6 Children

The following statements apply to children:

- children aged under 13 years 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 2200hrs sites should contact SARC Perth for advice.
- children under 13 years 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 professions listed as per [Mandatory Reporting of Child Sexual Abuse in WA](#) must report all reasonable beliefs of child sexual abuse to the WA Department of Communities, Child Protection (DCCP).
- if the patient is less than 18 years old, the clinician must still submit a mandatory child sexual abuse report, even if WA Police are already involved
- the link to make a mandatory report:
<https://mandatoryreporting.dcp.wa.gov.au/Pages/MakeaReport.aspx>

2.7 Triage of children

The following applies to 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 WACHS Emergency Department Notes](#) 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.

2.8 Documentation

The following statements apply to documentation:

- Please follow documentation process in [SARC Procedure for Responding to Recent Sexual Assault](#).
- SARC are available 24/7 for advice
- 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.

3. Roles and Responsibilities

The **Regional Executive 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.”

The **Doctor/qualified person** is responsible for:

- 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.

The **Nurse** is responsible for:

- 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.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure

which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of compliance with this procedure is to occur via WACHS clinical incident monitoring process or feedback received relating to care of a consumer presenting following sexual assault.

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

5. 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

6. Definitions

Term	Definition
Chain of Evidence	Chain of evidence is a process and record that shows who obtained the evidence; where and when the evidence was obtained; who secured the evidence; and who had control or possession of the evidence.
Qualified person	<p>As per Section 103 of the Criminal Investigation Act 2006 a qualified person is a person who is qualified under the regulations to perform a forensic procedure.</p> <p>Criminal Investigation Regulations 2007</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

7. Document Summary

Coverage	WACHS wide
Audience	Medical, Nursing and Allied Health
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Children and Community Services Act 2004 (WA) Criminal Investigation Act 2006 (WA) Criminal Investigation (Identifying People) Regulations 2002 (WA)
Related Mandatory Policies/Frameworks	<ul style="list-style-type: none"> • Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist • Chief Psychiatrist's Standard for Sexual Safety of Consumers of Mental Health Services • Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Responding to Allegations of Sexual Safety Breaches Procedure • Identifying and Responding to Family and Domestic Violence Policy
Other Related Documents	<ul style="list-style-type: none"> • Nil
Related Forms	<ul style="list-style-type: none"> • SARC Sexual Assault Checklist • MR1 WACHS Emergency Department Notes
Related Training	Available from MyLearning : <ul style="list-style-type: none"> • SARC Education and Training
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4190
National Safety and Quality Health Service (NSQHS) Standards	1.1b, 1.1c, 1.7a, 1.27a, 6.1, 6.11
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	07 April 2025	07 April 2025	<ul style="list-style-type: none"> Updates to reflect changes in the SARC Early Evidence Kits (EEK). Updates to process for EEK storage at PathWest QEII for 'just in case' storage.

9. Approval

Policy Owner	Executive Director of Nursing and Midwifery
Co-approver	Executive Director of Clinical Excellence
Contact	Coordinator of Nursing
Business Unit	Nursing and Midwifery
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