



PROCEDURE

Sexual Assault Response

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To support nurses working in schools to provide primary health care for young people who have experienced sexual assault.

Risk

Inappropriate support and information from a health professional at the time when a young person needs advice regarding sexual assault may have a long-term impact on their health and wellbeing. Sexual assault may have long-term impact on young people's physical and mental health and requires an empathetic and supportive approach.

Background

In Australia, four out of five victims of sexual assault are female.¹ Perpetrators of sexual assault are often know to the victim.² Females aged between 15 and 19 experience the highest rate of sexual assault.¹ Amongst males, boys aged 10-14 have the highest rate of sexual assault.¹ It is difficult to ascertain the true prevalence of sexual assault in society as there are numerous barriers to disclosure, low reporting rates and varying definitions of sexual assault.³ Research suggests that the populations more likely to experience sexual assault include those who are homeless, have a disability, identify as LGBTIQ or those who have previously been victims of sexual assault at any point throughout life.²

Exposure to sexual assault or intimate partner violence can have diverse and long-lasting physical and mental health consequences. Immediate difficulties in managing emotions (fear, anger, guilt and shame) can occur.³ Sexual assault impacts health and

well-being, resulting in long term emotional and interpersonal difficulties which can manifest as disordered eating behaviours, reduced self-esteem, increased risk for internalising and externalising behaviours, increased levels of fear, anxiety and suicidality.^{2, 4}

The collection of forensic evidence may be considered following a sexual assault in accordance of the wishes of the client and the broader medical and psychosocial needs.⁵ The timeframe for collecting specimens is short. Evidence may be collected for up to two weeks following sexual assault, however, the optimal period for collecting forensic evidence is within 72 hours.⁶ The nurse will not be involved in the collection of specimens, however should be able to explain the purpose of avoiding showering, changing clothes, going to the toilet and eating or drinking prior to a forensic medical examination if required.

Definitions

Child – a person under 18 years of age.⁷

Sexual Assault – is any sexual behaviour or act which is threatening, violent, forced, coercive or exploitative and to which a person has not given consent or was not able to give consent. ‘Rape’ is another word for a sexual assault that involves unwanted penetration (oral, anal, vaginal) while ‘sexual assault’ is a broader term used to describe any unwanted sexual contact (e.g. unwanted touching of personal body parts).⁸

Child Sexual Abuse - when a child under the age of 18 years has been exposed to or subjected to sexual behaviours that are exploitative and/or inappropriate to his/her age and developmental level.⁸ The [Children and Community Services Act 2004](#) (CCSA)⁹ identifies child sexual abuse as sexual behaviour in circumstances where:

- the child is the subject of bribery, coercion, a threat, exploitation or violence; and/or
- the child has less power than another person involved in the behaviour; and/or
- there is significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.

Consensual Sex – is when both parties are of legal age, agree to engage in intercourse by choice and have the freedom and capacity to make that choice (without fear, coercion, force or intimidation). Legal age of consent in Western Australia is 16 years of age for every person.⁸ According to WA law, a child under the age of 13 years is incapable of consenting to sexual acts.¹⁰

Mandatory Reporting - In accordance with the *Children and Community Services Act 2004*, doctors, midwives and nurses (as well as teachers, police and boarding supervisors) are **legally** required to make a written report to the Department of Communities Mandatory Reporting Service when they have formed a **belief based on reasonable grounds** through the course of their paid or unpaid work that **child sexual abuse** is occurring or has occurred. The mandatory reporting requirement applies to children who are still aged under 18 at the time the belief is formed. The CCSA does not define an age or age difference between partner/s that, of itself, requires a mandatory report. Therefore children over 16, who are over the age of

consent, but where the sexual activity is non-consensual can be described as being sexually abused.⁹

Key points

- [Sexual Assault Resource Centres](#) (SARC) provide a range of (free) services in the metropolitan area for males or females over the age of 13 years.
 - SARC can provide 24-hour medical advice and support for Community Health Nurses (CHN) who are working with clients, via the SARC crisis line.
 - For WACHS staff, areas with regional [Sexual Assault Support Services \(SASS\)](#) provide local services.
- The [Child Protection Unit](#) (CPU) provides a multidisciplinary assessment of children up to the age of 16 years, where there are concerns regarding child abuse and neglect. The CPU offers medical assessments of children for all forms of abuse, including sexual abuse. CPU is based at the Perth Children's Hospital (PCH), however, offers specialised clinical consultation to health staff state wide. CPU have paediatricians on-call 24/7 and can be contacted via the main PCH phone line.
- Nurses must discuss all requests for release of client information and/or statements by WA Police with their manager.
 - CAHS staff should refer all these requests to [Mediation and Legal Support Services \(MLSS\)](#), Release of Information (ROI) department.
 - WACHS staff may contact SARC or Legal and Legislative Services for support is asked to provide legal statements.
- Nurses must work within their scope of practice.
- The young person's safety from immediate harm should be ascertained. This can include safety from the alleged perpetrator or others, as well as, self-harm or suicidal ideation.
- Refer to: [Working with Youth- A legal resource for community based health workers](#) for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.
- Nurses, as mandatory reporters of current or historical child sexual abuse, must consider sexual assault as sexual abuse and follow appropriate actions if they form a belief in relation to their mandatory reporting obligations.
- Be aware of Western Australian laws in relation to age of consent and [Mandatory Reporting of Child Sexual Abuse](#). Refer to: [Guidelines for protecting children 2020](#).
- There is legislative provision for the exchange of information between public authorities, for the wellbeing of a child, or class or group of children, under the Children and Community Services Act 2004. When a notification relating to a school student is made to the Department of Communities, Child Protection and Family Support, by CAHS Community Health or WACHS school health or

Education staff, the school principal and health service manager should be informed of the circumstances unless there are good reasons why this should not occur.¹¹

- When CAHS Community Health or WACHS school health or Education staff consider a child or adolescent to be at significant risk, limited specific information may be shared between agencies to ensure the child's safety and wellbeing (see [MOU](#) between DOE, CAHS & WACHS).¹¹
 - For information on gaining consent to share other client information CAHS-CH staff refer to [Consent to Release Information](#) and WACHS staff refer to [Consent for Sharing of Information: Child 0-17 years Procedure – Population Health](#).
- Refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based.

Process

Steps	Additional Information
<p>1. Build rapport</p> <ul style="list-style-type: none"> • Discuss confidentiality and ensure privacy. • Listen to the young person and let them tell their story.¹² • Believe the disclosure and reassure them that telling an adult was the right thing to do.¹² • Adopt a supportive, interested, non-judgemental approach in both spoken and body language. • Reassure the young person that help and support is available. 	<ul style="list-style-type: none"> • Early in the consultation, explain limits of confidentiality. Check understanding by the individual. • Reassure the young person. Be careful not to promise safety or other supports that you cannot guarantee. • Refer to <i>HEADSS assessment guideline</i> and <i>HEADSS Handbook for nurses working in secondary schools</i> for guidance on how to develop rapport and ask sensitive questions.
<p>2. Support the young person</p> <ul style="list-style-type: none"> • Reassure the young person that telling an adult was the right thing to do.¹² • Find out if the individual has previously disclosed to anyone and if medical and/or counselling support has already been accessed. • Inform the young person and parent/carer about the services 	<ul style="list-style-type: none"> • Consult the young person at each stage of the process. • Following a disclosure of sexual assault, the nurse will work in collaboration with the client to support them in their care and follow up. • If the assault occurred at school or during a school-related activity,

Steps	Additional Information
<p>provided by Sexual Assault Resource Centre (SARC). Sexual assault support services (SASS) are available state-wide.</p> <ul style="list-style-type: none"> • Encourage and support the young person to seek medical attention to address issues such as sexually transmitted infections, unwanted pregnancy or injuries. • Support the individual to contact a parent or trusted relative to assist in accessing medical attention. • Reassure the young person that they are an important part of the decision-making process. • Assess the young person's safety from immediate harm. This can include safety from the alleged perpetrator or others, as well as, self-harm or suicidal ideation. • In instances where immediate action is required to address the safety of a young person, liaise with the Student Services Team to consult with Crisis Care, the PCH Child Protection Unit and/or the WA Police Force. 	<p>inform the school Principal as soon as practical.</p> <ul style="list-style-type: none"> • Questions the nurse may use to assess the young person's safety include; <ul style="list-style-type: none"> ○ Are you worried about your safety? ○ Are you afraid of somebody in your home? ○ Do you feel safe to go home when you leave school today?
<p>3. Refer</p> <ul style="list-style-type: none"> • Provide information and links to relevant support organisations. <p><i>For medical treatment and forensic follow up post sexual assault with clients aged over 13 years refer to;</i></p> <ul style="list-style-type: none"> • Sexual Assault Resource Centre (SARC) – 08 6458 1828 or 1800 199 888 - 24-hour, 7 day per week emergency line (free call from landlines). Free medical/ forensic service for people who have alleged a sexual assault in the previous two weeks. Parental or guardian consent is 	<ul style="list-style-type: none"> • Adherence to CAHS-CH and WACHS clinical handover processes are required when handing over, or referring a young person within, or outside of, the health service.

Steps	Additional Information
<p>required for those under 18 years of age for forensic examination.</p> <ul style="list-style-type: none"> In regional areas; present to local hospital emergency departments for immediate medical attention for injuries, forensic evidence collection (if requested) and access to specialist support for sexual assault. <p><i>For medical treatment and forensic follow up post sexual assault with clients aged under 13 years (and up to 16 years) refer to;</i></p> <ul style="list-style-type: none"> The Child Protection Unit at PCH takes referrals from parents, community members and professionals – 6456 4300. A CPU doctor is on call 24 hours a day and can be contacted via PCH. <p><i>For ongoing support/counselling and medical follow up refer to;</i></p> <ul style="list-style-type: none"> Sexual Assault Resource Centre (SARC) for information on counselling services available. Child Protection Unit offers medical assessments of children up to the age of 16 years, for all forms of abuse, including sexual abuse Sexual assault support services (SASS) are available in the following regions; South Hedland, Mandurah, Kalgoorlie, Bunbury and Geraldton. General Practitioner and/or Nurse Practitioners – medical services for referral to counselling services, emergency contraception, STI testing. 	<ul style="list-style-type: none"> Encourage young people who have a trusted GP to engage with them for medical help as required. For young people who are enquiring about youth friendly doctors in their area, the Australian Medical Association provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA. Aboriginal Community Controlled Health Services (ACCHS) – there are 22 ACCHS in WA run by local Aboriginal people and their communities to manage their own health and well-being.
<p>4. Reporting</p> <ul style="list-style-type: none"> As per Mandatory reporting guidelines, make a report. Consider if the assault may reflect other abuse that needs to be reported to CPFS. 	<ul style="list-style-type: none"> Information and online forms for mandatory reporting can be found on the Mandatory Reporting website.

Steps	Additional Information
<p>5. Follow-up</p> <ul style="list-style-type: none"> Offer to maintain contact with the young person to ensure ongoing psychological wellbeing. 	<ul style="list-style-type: none"> If appropriate, assist the young person to identify other suitable support people within the school setting and in their community. For self-directed immediate, ongoing and education/training services refer to external resources.
<p>6. Professional support</p> <ul style="list-style-type: none"> Notify Nurse Manager of sexual assault disclosure. Following consultation with a young person disclosing sexual assault, seek to debrief, as required 	<ul style="list-style-type: none"> Following working with a young person disclosing sexual assault, staff should discuss the availability of professional support and debriefing strategies with their line manager. Employees may seek assistance directly from the Employee Assistance Program provider.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

References
<ol style="list-style-type: none"> Youth Law Australia. Sexual abuse: YLA; 2016 [Available from: https://yla.org.au/wa/topics/health-love-and-sex/sexual-assault/#:~:text=If%20you%20are%20a%20victim%20of%20sexual%20assault%2C,may%20apply%20for%20up%20to%20%2475%2C000%20in%20compensation]. Australian Institute of Health and Welfare. Sexual Assault in Australia. Canberra: AIHW, Australian Government; 2020. Tarczon C, Quadara A. The nature and extent of sexual assault and abuse in Australia: Australian Institute of Family Studies; 2012. Collibee C, Furman W. Impact of sexual coercion on romantic experiences of adolescents and young adults. Arch Sex Behav. 2014;43(7):1431-41. Department of Health. Responding to an allegation of sexual assault disclosed within a public mental health service. Perth 2012. Department of Health. Guidelines for protecting children 2015. In: Statewide Protection of Children Coordination Unit, Child and Adolescent Community Health, editors. Perth 2015. State of Western Australia. Working with Youth - A legal resource for community-based health professionals. Perth: WA Country Health Service; 2020.

8. King Edward Memorial Hospital. Sexual Assault Referral Centre Perth, Western Australia: Government of Western Australia; 2021 [
9. Western Australian Government. Children and Community Services Act 2004. Perth: Western Australian Government; 2020 updated.
10. Government of Western Australia. Criminal Code Act Compilation Act 1913. In: Justice Do, editor. Western Australia: Government of Western Australia; 2021.
11. WA Department of Health and WA Department of Education. Memorandum of Understanding between Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of School Health Services for students attending public schools 2020-2021. 2020.
12. Department for Child Protection. Mandatory Reporting of Child Sexual Abuse in Western Australia. A guide for mandatory reporters. Perth, Western Australia: Government of Western Australia; 2008.

Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

HEADSS adolescent psychosocial assessment procedure

School-aged health services

School-aged health services - secondary

Sexual health in adolescence

The following document can be accessed in the [CAHS-CH Operational Policy Manual](#)

Consent for Release of Information

The following documents can be accessed in the [CAHS Policy Manual](#)

Clinical Incident Management

Critical Incident Impact Management (Debrief)

WACHS policies

[Responding to Sexual Assault Policy](#)

[Clinical Image Photography and Videography Policy](#)

[Consent for Sharing of Information: Child 0-17 years Procedure – Population Health](#)

[WebPAS Child at Risk Alert Procedure](#)

Related forms
CAHS forms
CHS725 Consent for Release of Information
CHS663 Clinical Handover/Referral form
WACHS forms
Consent for Sharing of Information Child 0-17 years
WACHS Child at Risk Alert Notification Form

Related government policies, and guidelines
Consent to treatment Perth: Department of Health Western Australia;2016
Guidelines for Protecting Children 2020
Mandatory Reporting of Child Sexual Abuse in Western Australia. A guide for mandatory reporters.


Useful internal resources
HEADSS Assessment: Handbook for nurses working in secondary schools
Health Promoting Schools Framework Toolkit – Secondary School – Mental Health and Resilience
Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia. (Revised 2020.)

Useful external resources
Immediate/crisis support
Child Protection Unit (PCH) offers a free service (including therapy) to children up to 16 years of age, and their families, where there is a concern of abuse or neglect.

<p>Sexual assault resource centre (SARC) provides a 24-hour emergency service in metropolitan Perth. This involves medical care, a forensic examination and counselling support to people who have been sexually assaulted within the previous 14 days.</p> <p>SARC brochure for client information</p>
<p>Kids Helpline 1800 55 1800</p>
<p>1800RESPECT – 24 hour service to support people impacted by sexual assault, domestic or family violence and abuse</p>
<p>Australia Medical Association (WA) youth friendly GPs list.</p>
<p>Ongoing support/counselling</p>
<p>Aboriginal Health Council of WA – AHCWA provides details of the Aboriginal Medical Services across WA.</p>
<p>Could I have it? - STI facts, testing advice and clinic locations.</p>
<p>Get the facts. Australian Government. Department of Health. [Internet] Australian Government. Department of Health.</p>
<p>headspace – Youth friendly GP and sexual health clinics. Free, confidential and no Medicare card required.</p>
<p>Medicare for young people , in WA Youth Health Policy 2018–2023 Toolkit</p>
<p>ReachOut – Online mental health organisation provides practical support and links to emergency counselling.</p>
<p>Sexual Assault Support Services (SASS) provide crisis and ongoing counselling services for victims of sexual assault. They work in partnership with other agencies such as Aboriginal Health Services and local government departments.</p>
<p>Sexual assault resource centre (SARC) provides a 24-hour emergency service in metropolitan Perth for clients aged over 13 years. This involves medical care, and a forensic examination to people who have been sexually assaulted within the previous 14 days. SARC also offers free, short-term counselling to people who have experienced sexual assault or child sexual abuse, either recently or in the past. This counselling is available in business hours at various locations throughout the metropolitan area.</p> <p>SARC brochure for client information</p> <p>SARC information resources and client handouts</p> <p>Supporter’s guide for people supporting an adult survivor of sexual trauma (SARC)</p>
<p>Sexual Health Quarters offers counselling, contraception, STI testing and treatment and unplanned pregnancy support at low or no cost.</p>

Yorgum Aboriginal Family Counselling – 1800 469 371
Education/training
Consent is as simple as tea – a YouTube video which explains the concept of consent.
Growing and developing healthy relationships curriculum materials for teachers. [Internet] Western Australia Department of Health. (2016)
MOODITJ leaders training (Sexual Health Quarters). A 3-4 day facilitators training program focussing on positive lifestyles and sexual health for Aboriginal youth 10-14 years of age.
Nuts and bolts of sexual health (Sexual Health Quarters) A 3- day SHQ course relevant for people working in the community including youth workers, health workers, drug and alcohol workers, health promotion officers, nurses, teachers and peer educators.
Talk soon. Talk often. A guide for parents talking to their kids about sex. Assists parents initiate regular and relaxed conversations with their children about sexuality and relationships.
Yarning quiet ways. A guide for Aboriginal parents talking to their kids about sex. For orders email the Sexual Health and Blood-Borne Virus Program.

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital