

Sexual Assault Services Policy and Procedure Manual (Adult)

Document Number PD2005_607

Publication date 18-Jul-2005

Functional Sub group Clinical/ Patient Services - Governance and Service Delivery

Summary Directs the operation of the network of specialist NSW Health Sexual Assault Services across the State. The manual contains procedures which relate to the service structure, interagency liaison, counselling, assessment and management issues including medical management, record keeping and quality assurance. This document was issued in May 1999 not by circular.

Author Branch Primary Health and Community Partnerships

Branch contact Jo Spangaro 9391 9317

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared

Audience Sexual Assault Service Staff

Distributed to Public Health System

Review date 18-Jul-2012

Policy Manual Not applicable

File No. 97/1310

Previous reference Issued 1999 not by circular

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Sexual Assault
Services
Policy and Procedure
Manual (Adult)



Better Health
Good Health Care

NSW Health Sexual Assault Services Policy and Procedure Manual
(Adult)

Prepared by
NSW Health Services Policy Branch
NSW Health

State Health Publication No. (HSP) 990070
ISBN: 0 7347 3045 4

Further copies available from:
Health Services Policy
NSW Department of Health

Printed May 1999

Educational institutions are permitted to copy the whole or part of this work and shall not be liable for the payment of fees to the author/publisher in respect of copyright.

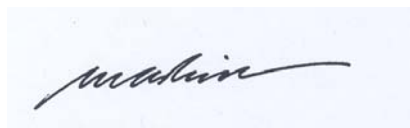
FOREWORD

The provision of care to adults who have experienced sexual assault is of vital importance. Clients of these services require access to 24 hour counselling, medical assessment and treatment from well trained and supportive staff. NSW Health Sexual Assault Services form an important part of this complex area of health care delivery.

This policy and procedure manual directs the operation of the network of the 50 specialist NSW Health Sexual Assault Services across the state. The manual contains procedures which relate to the service structure, interagency liaison, counselling, assessment and management issues including medical management, record keeping and quality assurance.

The revision of this manual reflects the work of the Health Services Policy Branch, Sexual Assault Services, the Sexual Assault Services Medical Policies Working Party, Legal and Legislative Services Branch, the Centre for Mental Health, the NSW Guardianship Tribunal, the NSW Police Service and the Office of the Director of Public Prosecutions.

Clearly documented policies and procedures are an important component in ensuring consistent, quality services are provided across the state. This Policy and Procedure manual reflects the extensive clinical experience of the services and the interagency collaboration that is required to bring about the best outcome for those who have experienced the trauma of sexual violence.

A handwritten signature in black ink, appearing to read 'Michael Reid', is centered within a light blue rectangular box.

Michael Reid
Director General

CONTENTS

NSW HEALTH SEXUAL ASSAULT SERVICES

NSW HEALTH SEXUAL ASSAULT SERVICES.....	1
Introduction	1

NSW HEALTH SEXUAL ASSAULT SERVICES	
PRINCIPLES OF INTERVENTION	2
The Role of Sexual Assault Services	3

NSW HEALTH SEXUAL ASSAULT SERVICES.....	6
Priorities for Client Allocation.....	6

SECTION 1

RIGHTS OF CLIENTS	7
1.1 Statements of Rights.....	7
1.2 Accessibility, availability and cultural sensitivity	8
1.3 Environment	10
1.4 24 Hour Service	11
1.5 Confidentiality.....	12
1.6 Telephone Inquiries	13
1.7 Fair Investigation of Complaints	13
1.8 Allegations of sexual assault by a NSW Health employee	14
1.9 Reporting to the Police.....	15
1.10 Advocacy for Clients	16
1.11 Responding to 14-16 Year Olds	16
1.12 Responding to 16-18 Year Olds	17

SECTION 2

PREVENTION, COMMUNITY EDUCATION AND PROFESSIONAL TRAINING.....	18
2.1 Prevention	18
2.2 Community Education.....	18
2.3 Professional Training	19

SECTION 3

INTERAGENCY LIAISON.....	21
3.1 General	21
3.2 Participation in Interagency planning meetings regarding the support of clients with special needs	21
3.3 Participation in Local Committees	21
3.4 Interagency Guidelines.....	22
3.5 Orientation Programs across Government Departments	22

SECTION 4

QUALITY IMPROVEMENT, PLANNING, EVALUATION AND RESEARCH	23
--	----

4.1	General	23
4.2	Monitoring and Data Collection	23
4.3	Quality Improvement	24
4.4	Guidelines for Research Proposals	24
4.5	Annual Reports	25
4.6	Planning.....	25
4.7	Service Reviews	26
SECTION 5		27
5.1	Service Provision.....	27
5.2	Referral and Attendance	27
5.3	Intake Procedures	28
5.4	Initial crisis contact with the Sexual Assault Service	28
5.5	Documentation of initial assessment	29
5.6	Multiple Victims of Sexual Assault	30
5.7	Adult Survivors of Child Sexual Assault.....	30
5.8	Counselling for adult offenders	31
5.9	Counselling.....	32
5.10	Active Follow-up	33
5.11	Range of Follow-up Services	34
5.12	Information.....	34
5.13	Counselling Contract	35
5.14	Informing and Involving the Client.....	36
5.15	Court Preparation and Support	36
SECTION 6		
COUNSELLING RECORDS		38
6.1	Mechanism for Registration of Sexual Assault Service Files	38
6.2	Client Record Systems	38
6.3	Adequacy of content of counselling records	39
6.4	Security of Records	39
6.5	Group Program Policies and Records	40
6.6	Court and Compensation Reports	40
6.7	Victim Impact Statements	41
6.8	Case Summary	41
6.9	Procedures for Protecting Privacy: Subpoena of Sensitive Records	42
6.10	Destruction of Records.....	43
SECTION 7		
STAFF EDUCATION AND TRAINING		44
7.1	General Procedure	44
7.2	Orientation	44
7.3	Orientation for sole counsellor positions.....	46
7.5	Coordinators Training.....	47
7.6	Continuing Education	47
7.7	Training for Court Appearances.....	47

7.8	Student Placements.....	48
-----	-------------------------	----

SECTION 8

MANAGEMENT	49
8.1 Consultation between Service Coordinators.....	49
8.2 Management structure	49
8.3 Coordinator	50
8.4 Senior Medical Officer	51
8.5 Counsellor and Coordinator Qualifications	52
8.6 Job Descriptions	52
8.7 Staff Selection	53
8.8 Gender of Staff	53
8.9 Staff Supervision	53
8.10 External Consultations	54
8.11 Resource Management.....	54
8.12 Minimum requirements for a designated Sexual Assault Service.....	55
8.13 Area Health Service Protocols	55
8.14 Safety and Security for Staff	56
8.15 Central Office Links	57
8.16 Attendance at Statewide Meetings	57
8.17 Private Practice	58
8.18 Relationships with Clients	58

SECTION 9

MEDICAL ASSESSMENT AND MANAGEMENT	60
9.1 Medical Staff and Responsibilities	60
9.2 Initial Contact.....	60
9.3 Environment	61
9.4 Consultation.....	61
9.5 Clients' willingness to proceed.....	62
9.6 Written Consent.....	63
9.7 Substitute consent for medical or forensic procedures	63
9.8 General anaesthetics	67
9.9 Explanations of examinations	68
9.10 Assessments.....	68
9.11 Witness to the Examination	69
9.12 Accompanying Person	69
9.13 Police Presence During Medical Examinations	69
9.14 Discussion of findings.....	70
9.15 Availability of Medical Staff of Appropriate Gender Nature of Examination.....	70
9.16 Nature of Examination.....	71
9.17 Testing for Sexually Transmissible Diseases (STD)	72
9.18 Post assault STD prophylactic medication	72
9.19 Post Coital Contraceptive Pill.....	73
9.20 Follow-Up Medical Procedures	73
9.21 Liaison with other Health Services.....	74
9.22 Medical Test Results	74

9.23	Use of Sexual Assault Forensic Protocol	74	
9.24	Referral to Tertiary Hospitals	75	
9.25	Storage and destruction of kits	75	
9.26	Testing for Drugs Administered by Assailant	76	
9.27	Automatic issuing of medical certificates.....	76	
 SECTION 10			
MEDICAL RECORDS AND REPORT WRITING			77
10.1	Adequacy of Content	77	
10.2	Use of Adult Medical protocol for 14-16 Year olds.....	78	
10.3	Preparation of Legal Reports and Statements for Medical/Forensic Procedures.....	78	
10.4	Forensic Register	78	
 GLOSSARY			79
 APPENDIX 1			81
CHARTER OF VICTIMS RIGHTS			81
 APPENDIX 2			84
PRINCIPLES FOR WORKING WITH ADULTS WHO HAVE EXPERIENCED SEXUAL ASSAULT			84
 APPENDIX 3			89
CIRCULARS AND DOCUMENTS REFERRED TO IN THIS MANUAL			89
 APPENDIX 4			92
OBTAINING SUBSTITUTE CONSENT.....			92
 APPENDIX 5			
SAMPLE FACT SHEET ON STDs			94
 APPENDIX 6			
RISK FACTORS AND POSSIBLE MEDICATIONS FOR STD			95
 APPENDIX 7			98
SAMPLE INFORMATION SHEET ON POST COITAL PROPHYLAXIS			98
 APPENDIX 8.....			100
SEXUAL ASSAULT SERVICES ROLE DELINEATION			100

NSW HEALTH SEXUAL ASSAULT SERVICES

Introduction

This document contains the policies for the functioning of NSW Health Sexual Assault Services. These services are located in Area Health Services throughout NSW. Sexual Assault Services provide services for people who have experienced sexual assault and their families/significant others. This document sets minimum standards for those NSW Health Sexual Assault Services.

These policies relate to any NSW Health Sexual Assault Service that provides a response to adults who have been sexually assaulted and supersede the NSW Sexual Assault Services Policy and Procedure Manual (1988). This document is consistent with the Interagency Guidelines for Responding to Adult Victims of Sexual Assault (1995), the NSW Government Action Plan for Women (1996) and the National Standards of Practice Manual for Services Against Sexual Violence (1998).

Although Sexual Assault Services offer specialist expertise to clients, the extent of sexual violence in the community and the associated possible long term impacts indicates a role for other health services as well. This is particularly the case for adults who have been sexually assaulted in childhood.

Background to the establishment of specialist NSW Health Sexual Assault Services

Sexual Assault Services were initially established for adults in metropolitan centres. Commencing in 1978, with major service development through the mid 1980s, NSW Health has developed a comprehensive, state-wide network of specialist Sexual Assault Services. Specialist services were developed in recognition of the nature of sexual assault, the complex medico-legal framework in which sexual assault is located and the need for a sensitive, specialised and coordinated response.

The nature of sexual assault

Sexual assault is a crime for which the offender is solely responsible. In a societal context in which there are many misconceptions about sexual assault, victims frequently experience guilt and shame. These reactions prevent many people who have been assaulted from reporting their sexual assault to the police and seeking help to overcome the effects of the assault. Sexual assault occurs against men as well as women of all ages. Although women can commit sexual assault, research findings consistently report that 95-98% of offenders are male.

NSW HEALTH SEXUAL ASSAULT SERVICES PRINCIPLES OF INTERVENTION

- Every person who has been sexually assaulted should be offered high quality counselling and timely, appropriate medical services.
- As sexual assault is commonly associated with shame and stigma, a range of strategies to improve utilisation of the service are required.
- Services will reflect a philosophy which locates the responsibility for sexual assault solely with the offender.
- Immediate and appropriate intervention at the time of the assault or disclosure of the assault is the most valuable treatment response for the client's recovery and for minimising the onset of longer term problems. The period of crisis immediately following the assault offers a good opportunity to engage the client in counselling in an attempt to prevent future long term problems.
- Effective intervention assists the client to resolve the issues arising from the abuse. Although sexual assault can have serious emotional or psychological consequences, the focus of work with people who have been sexually assaulted will also be on their strengths and resilience.
- Intervention by Sexual Assault Services will therefore be consistent with the Interagency Guidelines for Responding to Adult Victims of Sexual Assault to ensure a coordinated response.
- In recognition of the abuse of power and loss of control inherent in sexual violence, intervention should seek to maximise the client's experience with the service in relation to choice and control.
- People from a non-English speaking background may have difficulty defining an experience as sexual assault because of cultural ideas and beliefs and because of lack of knowledge about sexual assault services. Services should recognise this and provide outreach to assist non-English speaking people to facilitate access.

The Role of Sexual Assault Services

The role of NSW Health Sexual Assault Services includes the provision of counselling and relevant medical assessment and treatment for people who have experienced sexual assault and their family/significant others. Investigation of allegations of sexual assault against adults is the role of the NSW Police Service. Sexual Assault Services offer a specialist response through the following activities:

Crisis counselling

Experiencing sexual assault is commonly a severe crisis in the life of the victim. In most instances a person being assaulted fears for their life, even if the offender is known to them. In the immediate post assault period, most people usually experience shock, denial, disbelief, numbness and fear. A prompt crisis counselling response may be critical to prevent or mitigate against post traumatic stress responses. Crisis counselling provides the client with assistance in addressing the trauma of assault; information (eg about the nature of sexual assault and the legal system); practical support and validation. It also assists family members or friends to understand the possible reactions to sexual assault and support the person appropriately.

A specialist medical service

Adults who have been sexually assaulted often have fears about the impact of the abuse on their health and well being. Sexual Assault Services offer medical examinations and the opportunity to discuss the findings, as well as the person's fears and concerns, with a specially trained doctor who is sensitive to the trauma of sexual assault. In all cases the medical service has an important role to play in identifying medical treatment needs and in providing information, support and reassurance. In some cases, information from the medical examination can assist with the investigation of the allegations of abuse and can contribute to the prosecution of offenders through the provision of forensic medical examinations. In all cases the medical service has an important role to play in identifying medical treatment needs and in providing information support and reassurance.

Ongoing counselling

Counselling is offered to the person and, if appropriate, to their family/friends with the aim of overcoming the impact of the abuse. Counselling may focus particularly on the fear, shame, secrecy, and self blame which are common effects of sexual assault. Empowerment of the client is an important philosophy underlying counselling. It redresses the abuse of power which is inherent in sexual assault.

Court preparation and support

Most clients have not had contact with the criminal justice system prior to their experience of sexual victimisation. For this reason, Sexual Assault Services offer court preparation and support. Contact with the legal system is recognised as potentially a point of potential traumatisation for the client and equipping a sexual assault victim with appropriate skills information and support is essential.

Community education and prevention

Sexual Assault Services provide education to community members about the nature, dynamics and impact of sexual assault. This activity is important in contributing to the creation of a community in which misconceptions about sexual assault are addressed, information about services is readily available, the nature and prevalence of sexual assault is understood, and in which people who have experienced sexual assault are offered support and understanding. Such educational programs and other activities of the service have an important preventive function.

Professional training and consultation

Sexual Assault Services are well placed to provide training to a range of professionals both within and outside the Health system who have contact with victims of sexual assault. Sexual Assault Services provide training for health workers who come in contact with service users and liaise with the Area to identify training priorities for Area staff in relation to sexual violence.

As the specialist service for sexual assault, services provide valuable consultation to other health professionals who may be working with victims of sexual assault.

Advocacy

Sexual Assault Services are well placed to negotiate the complex system of interagency organisations which are involved in responding to people who have experienced sexual assault. Within this system the role of the Sexual Assault Services is to ensure that the needs of the victim are always in the forefront of decisions that are made. Victims of sexual assault are not usually aware of this system or of their entitlements within it. It is important for a person who has been traumatised by sexual assault to have an advocate. The advocates role includes giving people information about their rights and entitlements.

Maintenance of statewide networks

Ongoing collaboration with Sexual Assault Services from across the State is important in order to maintain high quality, accountable service delivery informed by current trends and research. Given the constantly changing medico-legal framework in which the services are provided, regular provision of current, uniform information is vital.

Data collection and evaluation

Services participate in ongoing data collection which is submitted for statewide compilation and analysis. Additionally, services provide an annual report to the Area Health Service and the NSW Health Department, as well as participate in ongoing quality assurance and evaluation measures.

NSW HEALTH SEXUAL ASSAULT SERVICES

Priorities for Client Allocation

Sexual assault is a crime with lasting impact which must be addressed as quickly as possible to alleviate trauma and prevent or reduce long term difficulties.

For those services which see both adults and children, priority will be given in descending order to the provision of crisis and ongoing counselling for new clients and non-offending family members from the following categories:

1. Children, where the sexual assault has occurred within the past seven days and adults who have been sexually assaulted in the last seven days
2. Any disclosure of sexual assault by a child or young person under the age of 16
3. Any disclosure of sexual assault by a young person aged 16-18
4. Adult victims sexually assaulted in the last year
5. Any sexual assault victims requiring court preparation and support or cases where the assault is the subject of some investigation and which does not fit into categories one to four
6. Adults who have been sexually assaulted as adults more than one year ago
7. Adults who have been sexually assaulted as a child.

When requests for counselling from individuals at the lower end of this list are not met by the Sexual Assault Services due to the demand for counselling from other groups, referral to another agency or health services such as community health, drug and alcohol or mental health should be provided where appropriate. If it is considered that the person presents a risk to themselves or others, referral to mental health services should occur.

SECTION 1

RIGHTS OF CLIENTS

1.1 Statements of Rights

Procedure

The Sexual Assault Service will have a written statement on the rights of people accessing their service. This statement will be written in plain language and in relevant community languages.

The written statement will include the rights:

- to a safe counselling environment
- to confidentiality and privacy, within legal and health policy constraints
- to be informed about and make decisions about their care
- to make choices about proceeding with legal action
- to fair investigation of complaints
- to quality and respectful health care
- to have a choice about involvement in research
- to have a choice regarding accepting services from students
- to be accompanied by a support person of their choice
- to be informed about the nature and security of records and files kept by the service and the length of time files will be stored
- to have access to an interpreter if required
- to have access to an Aboriginal Health Liaison Officer for Aboriginal clients
- to request that their case be transferred to another staff member/counsellor
- to a choice of gender of counsellor/medical officers
- to access their medical record and counselling notes
- to refuse treatment
- to make a complaint about treatment to the Health Care Complaints Commission

Services also need to be aware of and provide for the client, copies of the NSW Charter of Victims Rights (Appendix 1) and provide copies of this to clients where appropriate.

Rationale:

- A written statement of rights is an important way to inform people of the philosophy of the service.
- NSW Health has endorsed the Charter of Victims Rights (Victims Rights Act 1996), which provides a framework for high quality service delivery.

- High quality delivery is best modelled on a statement of the rights of clients.
- Access to a statement of rights assists to inform clients of what they can expect from a service.

1.2 Accessibility, availability and cultural sensitivity

Procedure

The Sexual Assault Service will develop and document a range of strategies to ensure services are accessible, available and culturally appropriate. These strategies should include:

- i) ongoing identification of current distribution of service provision accounting for identified groups including those from non-English speaking backgrounds, Aboriginal and Torres Strait Islanders, people with disabilities, gay and lesbians, younger and older women
- ii) ongoing identification and review of service policies which target identified groups and develop policies where gaps exist
- iii) ongoing participatory planning to ensure input from the community and key stakeholders
- iv) development of appropriate policies and strategies for locally identified disadvantaged groups.

Services will be familiar with Protocols and Agreements which facilitate access to disadvantaged groups and ensure these are freely available. Such documents include the Aged and Disability Department's Abuse of Older People Interagency Protocol, the NSW Health Department's Sexual Assault and Mental Health Strategy and the Aged and Disability Department's Abuse and Assault Policy.

Rationale:

- People from all cultures and backgrounds are vulnerable to sexual assault. All victims have the right to receive counselling and support following a sexual assault.
- Participatory planning with a range of key agencies will result in good referral links for people who may have difficulty accessing services, ensuring that effective referrals to Sexual Assault Services occur.
- The nature of sexual assault is such that people who have been sexually assaulted can sometimes experience difficulties in reaching the service and may not persevere.

- Promoting Sexual Assault Services to other health and ethnic welfare agencies is likely to increase community awareness and confidence in Sexual Assault Services.

1.2a Procedure

Active outreach services in rural areas will be offered. These services will be offered in a context where worker safety has been addressed, consistent with the NSW Health document, Safety and Security Manual - Minimum Standards for Health Care Facilities, NSW Health, September 1998. Areas will ensure that adequate resources are allocated for this service.

Rationale:

- Adults who have been sexually assaulted should not be disadvantaged because of the location of a Sexual Assault Service.
- Issues of confidentiality and anonymity prevent some clients attending services, particularly in rural areas.
- Clients with special needs require a range of options in order to access the service.

1.2b Procedure

The phone number and hours of operation of the service will be widely advertised and accessible to the public.

1.2c Procedure

Information about the service will be distributed in a variety of ways, including use of community radio, visiting other health and welfare agencies, audiotapes etc.

1.2d Procedure

Information about the use of interpreters will be easily available to Sexual Assault Service staff and all staff will receive training in the use of interpreters. Health Care Interpreter Service interpreters or other professional interpreters will be used for all clients who are not fluent in spoken English. Services should consider the acquisition and use of a TTY facility for hearing impaired clients where possible.

Rationale:

- Clients who speak languages other than English and those who are deaf or hearing impaired are entitled to receive a high quality service. This requires the effective use of interpreters and bilingual counsellors and/or appropriate equipment.

1.2e Procedure

Sexual Assault Services will aim to recruit staff from culturally diverse and multilingual backgrounds.

Rationale:

- Clients from culturally and linguistically diverse backgrounds are not accessing Sexual Assault Services in the proportion in which they are represented in the State and may need assistance to do so.
- Recruiting staff members from culturally and linguistically diverse backgrounds is one strategy which may improve access to services.

1.3 Environment

Procedure

Sexual Assault Services will have premises which ensure the privacy, anonymity, safety, comfort and needs of the client at all times.

There should be adequate food and drink facilities available in crisis rooms as well as comfortable interviewing and waiting areas that have good temperature control. Clients may need to contact family or friends so access to a telephone is necessary.

Rationale:

- During the initial crisis counselling and medical appointment, the family members or support people of clients may need to remain at the service for some time while all necessary procedures are carried out.
- Clients, their families/friends and staff need to have the reassurance of security measures which will ensure safety at all times of the day and night as trauma reaction is characterised by loss of a sense of safety and stability.

- The nature and dynamics of sexual assault often leave people with feelings of shame or worthlessness. It is therefore important to address clients' needs for privacy and confidentiality.
- Privacy in discussing details of the assault is essential. This includes protection from interruption by telephones or pagers. Fear of being overheard may prevent the client revealing anxieties to the counsellor.

1.4 24 Hour Service

1.5 Procedure

Area Health Services will ensure that 24 hour crisis counselling and prompt medical care is readily available and accessible for people who have been recently sexually assaulted within the Area Health Service boundaries.

The Sexual Assault Service Coordinator is responsible for the coordination of counselling services in conjunction with the relevant Area Health Services management. The senior medical officer is responsible for the medical service provision and training of medical staff.

In order that a quality response be provided, the minimum standards for an after hours service are:

1. A coordinated paid roster of specifically trained and supervised on-call counsellors.
2. Coordinated roster of specifically trained and supervised on-call medical officers or clear protocol with on-duty staff.
3. The service is able to provide the timely response for both counselling and medical attention that is critical to effective intervention and adequate forensic and treatment considerations.

Medical care includes general medical examinations, completion of forensic protocols for investigative purposes, treatment, prophylactic contraception and other medication as necessary and planning for medical follow-up. The provision of medical reports by the treating medical practitioner is also a part of the service response.

Crisis counselling provides support for the client who has been sexually assaulted and their family. This includes giving information to enable clients to make decisions, liaison with police and medical staff as well as advocacy.

Rationale:

- Sexual assault can occur at any time throughout NSW and a timely appropriate response should be available.
- People who have been sexually assaulted have emotional, social, medical and legal needs which may necessitate an immediate response.
- Clinical evidence suggests that long term effects of sexual assault can be minimised if effective crisis intervention is provided.

1.5 Confidentiality Procedure

Client confidentiality will be provided in accordance with NSW Health Information Privacy Code of Practice and Circulars 94/27, 97/1 35, 97/80, 97/58, 97/3009 (See Appendix 3) and any other relevant Departmental Circular.

The client will be made aware of policy and legal directives which may impact on client confidentiality such as where it is necessary for the person's safety, mandatory notification where a child is believed to be at risk and subpoenaing of notes and medical records. The service will have a documented procedure to ensure that the written permission of the client is obtained before information is shared with appropriate agencies and other Health services in any other circumstances.

In group work (both therapeutic and educative) and community education, group facilitators and trainers will ensure that participants are aware of confidentiality requirements and limitations.

If any documentation of the service is to be transmitted via facsimile or electronic mail at any time, other than a notification to the statutory agencies regarding child abuse, any details which could identify either the client or perpetrator must be removed.

Rationale:

- ï Given the humiliation, stigma and shame commonly associated with sexual assault, clients need to be assured that their privacy and confidentiality will be respected.
- ï NSW Health employees are required under the NSW Health Circular 97/135 Notification of suspected child abuse and neglect and exchanging information in child protection investigations to report all forms of suspected abuse of children (when the child is less than 16 years) to the Department of Community Services. Notification is not dependent on the permission of the caregiver.

1.6 Telephone Inquiries

Procedure

Requests for client information will be responded to only within strict confidentiality guidelines. Enquiries made by telephone regarding information in relation to a client's contact with the service, or regarding the outcome of a visit, will only be responded to by assessing the bona fides of the caller or asking them to submit the request in writing. To check the bona fides of the caller, workers should ask for the telephone number of the caller, verify the number given is that of the callers' workplace and telephone the worker back to give the required information. These requests are also to be met within confidentiality guidelines.

Rationale:

- Information regarding sexual assault is highly sensitive and personal data which must be treated with the utmost care.
- Offenders sometimes attempt to extract information from staff which may jeopardise the safety or wellbeing of the client or their families.

1.7 Fair Investigation of Complaints

Procedure

A written complaints procedure will include documentation, investigation and a mechanism for advising the complainant of any action taken. This will include information on Sexual Assault Service and Area Health Service procedures and the Health Care Complaints Commission.

Sexual Assault Services will provide opportunities for service users to give feedback and voice complaints about the service and will ensure that the complaints are fairly investigated and the outcome communicated to the client.

Rationale:

- Sexual Assault Services must be accountable. Clients have the right to question, in an informal or formal way, the treatment and service they receive. Formal channels for documentation and investigation of complaints will ensure appropriate action is taken and an early response given to the complainant.

1.8 Allegations of sexual assault by a NSW Health employee

Procedure

Any Sexual Assault Service staff member who is made aware of an allegation of sexual assault where the alleged assailant is an employee of the Area Health Service will report the allegation immediately to the Chief Executive Officer of the Area Health Service.

Workers are to adhere to NSW Health's Circular 97/80 Procedures for Recruitment and Employment of Staff and Other Persons -Vetting and Management of Allegations and Improper Conduct which requires the Area to make notification to the NSW Police Service, Staff Records Management Unit, the Health Care Complaints Commission and the Department of Community Services where the allegation relates to a child under the age of 18 years.

Additionally Circular 97/58 - Critical Incident reporting should be followed. Should critical incident debriefing be required, Circular 97/97 Critical Incident Manual should be referred to. Departmental procedures regarding notifying alleged sexual assault will also be followed (Circular 97/135 Notification of suspected child abuse and neglect and exchanging information in child protection investigations). Under the Health Services Act 1997 any health employee who is convicted or charged with a sexual offence is required to report this to the CEO of the Health Service within 7 days.

The first responsibility of the Sexual Assault Service is to provide a service to the client. The Sexual Assault Service client's counselling notes will not be available to any investigation by the AHS.

Rationale:

- Prompt reporting of these allegations is required to ensure that an immediate and confidential investigation can be conducted by the Area Health administration into the matter in order to protect patients of the Health Service.
- The privileging of counselling notes in recognition of the confidential communications between the client and the counsellor is provided for in the Evidence (Amendment) Act 1995. Accordingly the records of clients assaulted by health employees will be subject to the same rights to confidentiality as the record of any other client.

1.9 Reporting to the Police

Procedure

When adults who have experienced sexual assault present to a Sexual Assault Service, the sexual assault worker will discuss with the person the steps involved in proceeding with a formal complaint to police.

The worker will explain to the victim his/her right to make or not to make a statement to the police. A statement would enable the police to investigate the crime with the possibility of an offender being charged. It is also likely that the police will request that the victim undergo a medical examination. The worker will provide information about the difference between a general and a forensic medical examination and steps involved in reporting to the police and the process and time frames of prosecution.

Any request by the victim to talk to or inform the police will be complied with immediately. Staff will explain that delays in notifying the police could impair the investigation and the offender from being apprehended and charged.

The victim of sexual assault may require further information and counselling to assist them to decide whether they wish to report the assault to the police. The decision to proceed with a formal complaint to the police rests with the victim, and the service is to respect the victim's wishes. Consistent with the Interagency Guidelines for Responding to Adult Victims of Sexual Assault, sexual assault counsellors are not required to report sexual assault to police if this is against a client's wishes. However, in cases of assault by a Health employee or serious injury, notification will be made to police.

The client may wish to report to the police but not give a full statement as they have determined they do not wish to pursue legal action. Police can take this information in the form of an information report. In this instance, the client does not give a full statement. Should the client elect to take this course of action they need to be made aware that legal action against the offender can not take place on this basis and that police may contact the client at a future point and request further action if it appears that the assaults were committed by a serial offender.

Rationale:

- Many sexual assault victims do not wish to report the assault to the police. Although sexual assault is a criminal offence, the main concerns of a Sexual Assault Service response are the rights and needs of the victim.

- In order to assist with the goal of empowerment, it is important that victims retain control over decisions, including the decision to report the crime.
- It is important that the client be provided with adequate information about the process involved in criminal prosecutions. It is also important that clients be provided with information in relation to the implications of a decision not to proceed with a formal complaint to police.
- Information provided to police can assist in the investigation of other matters or assist with intelligence regarding serial offenders.

1.10 Advocacy for Clients Procedure

Sexual Assault Services will provide advocacy services for clients to assist them through the complex medico/legal systems which may be encountered following sexual assault.

Rationale:

- Most agencies and systems that a client comes into contact with after sexual assault have specific and time limited purposes (eg the police investigate whether there is evidence a crime has been committed; the Director of Public Prosecutions prosecutes alleged offenders). Sexual Assault Services, through their ongoing counselling role, are well placed to assist people in their contact within the health system and with other agencies.

1.11 Responding to 14-16 Year Olds

Procedure

14-16 year olds who have experienced assault by someone who is not a caregiver or relative, may wish to attend an Adult Sexual Assault Service. If this is the case or if the young person presents to an adult service first they should be seen by the adult service.

It is possible for the young person aged 14 years and over to consent to the medical examination on their own behalf where they understand the nature and consequences of the examination. It is preferable to have parental consent for young people aged 14-15 years unless the young person objects.

Abuse of 14-16 year olds will still be notified to the Department of Community Services. Responses to 14-16 year olds will be consistent with Departmental guidelines and the Interagency Guidelines for Child Protection Intervention.

Rationale:

- Some 14-16 year olds are mature both physically and emotionally. For these reasons, a paediatric setting may not be the most appropriate for the needs of this group.

1.12 Responding to 16-18 Year Olds

Procedure

16-18 year olds who have experienced sexual assault will be seen in an adult Sexual Assault Service. It is not necessary for the case to be notified to the Department of Community Services for this age group to receive a service.

Rationale:

- Although the Department of Community Services can receive notifications and act in relation to 16-18 year olds, this age group is entitled to make a range of decisions for themselves and should be seen by the Sexual Assault Service without impediment.

SECTION 2

PREVENTION, COMMUNITY EDUCATION AND PROFESSIONAL TRAINING

2.1 Prevention Procedure

Sexual Assault Services have a responsibility to identify, develop and deliver strategies for preventative programs and activities aimed at reducing the level of sexual violence in the community. This includes participation in, and delivery of educative programs and training aimed at providing accurate information on the nature, extent, effects and implications of sexual assault. This does not include the provision of perpetrator programs, which is not the role of NSW Health (with the exceptions of the Pre-Trial Diversion Program for adults and the adolescent program, New Street).

Rationale:

- Sexual Assault Services have the necessary skills and expertise required to participate in sexual assault prevention programs.
- In order to improve health outcomes, intervention is necessary at primary, secondary and tertiary levels.
- Preventative programs play an active role in challenging attitudes and behaviour that support sexual violence.

2.2 Community Education

Procedure

Community education will be provided by the sexual Assault service on a regular basis. It will consider local needs and will be aimed at increasing community awareness about the incidence and dynamics of sexual assault, the needs of people who have been sexually assaulted, and the resources available to them.

The Coordinator of the Sexual Assault Service will be responsible for ensuring that community education is planned, documented, adequately resourced and evaluated according to local needs and the demography of the Area. The Education Centre Against Violence, the statewide education and training service located in Western Sydney Area Health Service, has developed education kits to assist in the provision of community education.

Rationale:

- Community education raises awareness about the incidence of sexual assault and has a role in prevention.
- Documentation and evaluation of community education programs are necessary to ensure that programs continually respond to local needs.
- An appropriate response to sexual assault is not limited to intervention with people who have been sexually assaulted, but also extends to community education.
- Sexual Assault Services are in an excellent position to provide first hand knowledge about the incidence and effects of sexual assault.
- Knowledge about sexual assault can inform the community and dispel myths and misconceptions and therefore decreases the stigma and disbelief experienced by people who have been sexually assaulted.
- It is important that Sexual Assault Services maintain a profile in the community. Community education and interagency liaison are priority activities. Counselling activities should be structured to enable these activities to be undertaken.

2.3 Professional Training

Procedure

Sexual Assault Services will provide training and development of health professionals who come in contact with adults who have experienced sexual assault, eg ward staff, Emergency Department staff, community health, mental health and drug and alcohol staff.

Coordinators will liaise with Area Health Services' management to identify training strategies which ensure that relevant Area Health staff are targeted to attend training. Coordinators will also facilitate the provision of specialist training in the Area Health Services from various training bodies such as the Education Centre Against Violence.

Training will include information about service intake and referral policies and procedures to ensure appropriate interagency collaboration.

The Service will also offer training to other agencies/services such as police, schools and tertiary institutions.

Rationale:

- Sexual Assault Services are in an excellent position to provide first hand knowledge about the incidence and effects of sexual assault and the needs of the victim.
- People who have been sexually assaulted present to a range of intake points in the health system. A sensitive response should be available regardless of where the presentation occurs.
- Sharing information and skills in the area of sexual assault is an important step in ensuring that all agencies and the community are responsive to the needs of people who have been assaulted.
- Training raises awareness of the needs of people who have been sexually assaulted and facilitates correct referral processes.
- Training provides staff with input from other agencies and provides a valuable opportunity for interagency discussion and cooperation.

SECTION 3

INTERAGENCY LIAISON

3.1 General

Procedure

Liaison with relevant agencies will occur to ensure effective case coordination and management. This includes sharing of information related to cases and the establishment of mechanisms to ensure ongoing collaboration at an interagency level, the resolution of conflict and the maintenance of a climate that gives priority to the needs of clients.

Rationale:

- Ongoing liaison between agencies is crucial to ensure provision of coordinated and effective services to people who have experienced sexual assault.
- The development of close interagency relationships assists in providing continuity of care for clients.

3.2 Participation in Interagency planning meetings regarding the support of clients with special needs

Procedure

Sexual Assault Service staff will initiate or attend any convened or required meetings in relation to the protection and ongoing care and support of a client with special needs such as a physical or intellectual disability or psychiatric illness. Where such meetings occur the client will be informed and invited to participate if appropriate.

Rationale:

- Adults with special needs often have specific needs relating to care and protection which require a coordinated approach from a range of agencies.

3.3 Participation in Local Committees

Procedure

Sexual Assault Services will participate in appropriate local committees such as victim support, domestic violence, Violence Against Women Regional Reference Groups, Police Service Community Consultative Committees, DPP Liaison meetings and other local management committees. This participation will be acknowledged and supported by the Area Health administration.

Rationale:

- Services for people who have been sexually assaulted are provided by a number of different government and non-government agencies. Local procedures and protocols need to comply with centrally determined guidelines, such as the Interagency Guidelines for Responding to Adult Victims of Sexual Assault.
- Services provided to people who have experienced sexual assault should be well coordinated in order to provide high quality support and avoid replication of services.

3.4 Interagency Guidelines Procedure

Services are to ensure all workers are familiar with, and adhere to all aspects of the Interagency Guidelines for Responding to Adult Sexual Assault. Introduction to the Interagency Guidelines will also be incorporated into Sexual Assault Service specialist induction training provided by the Education Centre Against Violence, with particular emphasis on methods of interagency liaison.

Rationale:

- Counsellors need an understanding of the roles and responsibilities of all agencies involved in responding to sexual assault in order to ensure a coordinated response.

3.5 Orientation Programs across Government Departments

Procedure

New workers in Sexual Assault Services will be encouraged to spend some time with other agencies involved in the response to adults who have been sexually assaulted as a part of their orientation.

Rationale:

- Interagency cooperation can be greatly assisted by an understanding of other agencies' roles and familiarisation with their work.
- Experiential learning is one of the most effective methods for adult learners. Spending time on site with other agencies can facilitate a deeper understanding about different systems.

SECTION 4

QUALITY IMPROVEMENT, PLANNING, EVALUATION AND RESEARCH

4.1 General

Procedure

Sexual Assault Services will participate in quality improvement, planning, evaluation and research activities. Staff will be encouraged to participate in relevant training in these areas when offered by their local Area Health Service.

Rationale:

- Quality improvement, planning and evaluation underpin all aspects of quality service delivery.
- Quality improvement, planning and evaluation are essential to ensure that services provided are appropriate, of high quality and effective.

4.2 Monitoring and Data Collection

Procedure

Every Sexual Assault Service will complete the Initial Presentation form (or other format prescribed NSW Health centralised data collection system) for every new client. This records the presentation of all those who have been sexually assaulted. The NSW Health Sexual Assault Data Collection Manual guides this process. The data will be sent to the NSW Health Department (Central Office) on a monthly basis within ten days of the end of each month.

Service Coordinators will monitor this process and keep a central file of all data sent to Central Office for cross referencing and monitoring.

Services will monitor direct service provision by caseload statistics, occasions of services and time spent on cases. Services will also keep information on all other services provided. This information will be made available to Area Health Services for planning and reporting purposes.

Rationale:

- Data collection is used to both determine the needs of clients, staff and the community and assess whether these needs are being adequately addressed by the programs and services in place.
- Centralised analysis of data provides a statewide overview of utilisation of Sexual Assault Services and assists in the planning of services, resource allocation, service promotion and training.

4.3 Quality Improvement Procedure

The Sexual Assault Service will use effective and responsive methods to assess and improve the quality of its activities and will integrate these systems with its planning and evaluation processes.

Rationale:

- Sexual Assault Services need to ensure that current programs and services are of the highest possible quality in their response to sexual assault.

4.4 Guidelines for Research Proposals Procedure

Sexual Assault Services will only participate in research that has been fully assessed and determined as meeting relevant Area Health Service policy.

Any requests for research will be referred to the Coordinator of the service and the local Hospital/Area Health Service Ethics Committee.

Coordinators will liaise with their Area Health Service Ethics Committee to ensure that the service is consulted when the Ethics Committee is considering proposals that relate to sexual assault.

Sexual Assault Service guidelines used to assess research proposals will include the following:

- the data will remain anonymous, including provisions to ensure that identifying details of the assault are not included;
- interviews with clients will only occur with their informed consent;
- the research does not detract from ability to provide the service;
- any data published is provided to the service and credit is given to the service;

- the research methodology and intent are appropriate and sensitive;
- researchers will ensure that follow up counselling is available if necessary.

Rationale:

- It is the responsibility of services to ensure confidentiality of client information in the longer term.
- People who have been sexually assaulted fear exposure through identifying information and all care must be taken to prevent this.

4.5 Annual Reports Procedure

All Sexual Assault Services will provide an annual report to their Area Health Service. This will include information on the number of clients seen, the range of services provided, and areas of changing or emerging service need. The report will also identify areas of special need, including Aboriginal clients, clients with physical or intellectual disabilities and the use of interpreters or bilingual counsellors.

The report will also be forwarded to NSW Health (Central Office) upon request.

Rationale:

- Information in annual reports can provide an important planning, reporting and accountability mechanism.
- Area Health Services are responsible for the delivery of health services and require information on the operation of the Sexual Assault Service, in order to ensure that adequate resources are provided to meet local service needs.

4.6 Planning

Procedure

Sexual Assault Services will conduct a service planning exercise on an annual basis, involving all staff. The exercise should include developing priorities and directions for the coming 12 months and should be done in conjunction with other relevant Area Health Service staff.

Rationale:

- Effective service delivery is based on planning for local needs within allocated resources.
- Service planning is assisted by monitoring trends in service delivery and requests for service.
- Other services in Area Health Services also have a key role to play in the provision of services to those who have been sexually assaulted and should be included in the planning process.

4.7 Service Reviews Procedure

Services will participate in relevant reviews such as the Community Health Accreditation and Standards Program (CHASP) three year review cycle, Australian Health Care Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP), specific Service reviews against the Sexual Assault Service Standards Manual or other Area Health Service reviews as appropriate.

Where possible review teams will include a review team Coordinator as well as internal and external representatives with experience in, or knowledge of, sexual assault. A report of the review will be provided to the Area Health Service.

Rationale:

- Services are accountable for the provision of a high quality service. One method of accountability is through the process of formal review.
- Reviews monitor compliance with policies and procedures as well as providing information for refining service delivery and quality improvement.

SECTION 5

COUNSELLING, ASSESSMENT AND MANAGEMENT

5.1 Service Provision

Procedure

The Sexual Assault Service will provide access to crisis and follow up counselling, medical care and provision of information and support to adults who have been recently sexually assaulted. In addition, in consultation with the client who has experienced sexual assault, support and counselling should be made available to families, partners or friends of the victim.

Rationale:

- It is recognised that people who have been sexually assaulted have a need for crisis and ongoing counselling and support.
- Health staff employed in designated Sexual Assault Services are recruited and specifically trained to provide skilled, specialised responses to people who have been sexually assaulted.
- Sexual assault is often a crisis for the victim's family, partner and friends. Offering support and assistance to these people will assist their ability to provide a well informed, supportive response to the victim.

5.2 Referral and Attendance

Procedure

Services will develop local strategies and procedures to ensure efficient referral processes. Referring agencies are required to contact the Sexual Assault Service and discuss the appropriateness of the referral. In cases where the Health Service is contacted out of normal hours in relation to the referral of a person who has been sexually assaulted, referral arrangements must ensure the counsellor on call is notified prior to their arrival to minimise delays. Referring agencies also need to alert services to any particular needs of the client, e.g. the need for an interpreter.

Rationale:

- Relevant information is needed in order for Services to assess the appropriateness of the referral and minimise systems abuse.

- The counsellor has an immediate role in providing crisis intervention with the client and consulting with the doctor about the need for and/or the timing of the medical examination.

5.3 Intake Procedures

Procedure

The Sexual Assault Service will have documented intake procedures. These procedures will ensure that there is minimal delay in the client being referred from other Health Services in the AHS to the Sexual Assault Service. Wherever possible, services should undertake their own intake. If this is not possible, intake workers and/or clerical staff should be trained by the Sexual Assault Service and given clear guidelines on gathering referral information in a sensitive manner.

Rationale:

- Adults may present to a Sexual Assault Service without prior notice and provisions need to be made to ensure that they are seen as quickly as possible and their immediate needs for counselling and medical services assessed by skilled, sensitive staff.
- Intake is often the first point of contact with a service. It is important that the correct information is gathered in a sensitive manner, by workers who have knowledge about the impact of sexual assault.
- All counselling, nursing, medical and clerical staff need to know their responsibilities in regard to sexual assault and the intake procedures to be followed.

5.4 Initial crisis contact with the Sexual Assault Service Procedure

Initial contact will require an assessment of the client's medical, emotional, social and legal needs. Regardless of when the assault occurred, the initial point of contact by a client may be a point of crisis and must be handled sensitively.

The counsellor is responsible within the service for coordinating the overall care of the client and the assessment of their social and emotional needs, (Refer to Appendix 2 - Principles for Working with Adults Who Have Experienced Sexual Assault). Medical examinations will not take place prior to an initial interview with the counsellor except in the case of a medical emergency. Medical and legal issues will be assessed in consultation with medical and nursing staff and police and be consistent with the Interagency Guidelines.

All clients presenting in crisis following a recent sexual assault should be seen by a sexual assault counsellor within one hour of presentation. All adults who have been sexually assaulted within the past four days should be seen by a counsellor as soon as possible and no later than 24 hours after first contacting the service. A medical examination should commence within two hours of the on call counsellor's request.

Rationale:

- Sexual assault impacts on many aspects of the person's life. The crisis of sexual assault needs to be managed in a responsive, sensitive and timely manner.
- A prompt, sensitive response to sexual assault has a demonstrated positive impact on recovery from traumatic effects.
- Timely responses are important to enable Police to commence prompt investigations, should the victim wish to make a formal complaint.

5.5 Documentation of initial assessment Procedure

Documentation of the initial assessment should be summarised. Direct statements about the assault made by the client must be recorded in quotation marks, clearly indicating whose statement it was. This documentation will be completed as soon as possible following the intervention. Health workers will be aware that investigation is not the role of the Sexual Assault Service and will not undertake questioning beyond that which is therapeutically and medically indicated.

The summary should include:

- Date, time and place of presentation
- Background to referral and disclosure history
- Persons present at the interview
- Brief history obtained (unless a medical protocol has been filled in)
- Current emotional and physical concerns
- Current impact of assault on the client
- Contact with the police / other agencies
- Current safety issues for the client
- Plan for follow-up counselling

- Plan for medical follow-up
- Any child protection issues which need to be addressed
- Other relevant issues

Rationale:

- Accurate health records form the basis for future case planning and maintains a focus on the needs of the victim.
- All records may be subpoenaed for evidentiary purposes. It is therefore vital that the documentation is concise and accurate.

5.6 Multiple Victims of Sexual Assault

Procedure

In cases where there are multiple victims of sexual assault (a number of victims assaulted by the same perpetrator or a group of victims assaulted in the same incident), the Sexual Assault Service should consider initiation of a planning meeting with police and any other relevant agencies. If it is likely that additional resources will be required, the Coordinator is to provide a confidential brief to the CEO of the Area Health Service to clarify the roles of the agencies involved and identify resources required.

Rationale:

- It is essential in multiple cases of sexual assault that agencies are clear about their roles and responsibilities. Intervention needs to be carefully planned, ensuring any criminal action is not compromised. This is particularly important if the Incident occurs within vulnerable populations, such as those with an intellectual disability.
- Area Health Services should be briefed if it is likely that additional resources will be required to assist with counselling or medical services.

5.7 Adult Survivors of Child Sexual Assault Procedure

Sexual Assault Services were developed to deal with the crisis of recent assault and to assist clients in the negotiation of the complex medico-legal system which surrounds sexual assault.

Therefore, as set out in the “Priorities for Client Allocation”, counselling for adult survivors of childhood sexual assault is not the first priority for Sexual Assault Services. Sexual Assault Services will ensure that crisis and ongoing counselling can be offered to all who have experienced recent sexual assault before offering counselling to adult survivors.

Sexual Assault Services are, however, well placed to provide consultation to other agencies/workers in relation to working with adult survivors.

The needs of adult survivors of childhood sexual assault will be met by a wide range of health workers, including sexual assault workers. Area Health Services will have referral guidelines to assist adult survivors of child sexual assault to find appropriate services when requested.

Rationale:

- While sexual assault workers have expertise in providing counselling to adult survivors of childhood sexual assault, the large numbers of these clients and their presence in the health system means that support from a broad range of health workers is essential to ensure this group of clients' needs are met.
- Clinical research clearly indicates the importance of counselling close to the time of the assault. The efficacy of this intervention in preventing long term traumatic responses indicates that responding to those who have been recently assaulted is the highest priority.

5.8 Counselling for adult offenders

Procedure

Sexual Assault Services provide counselling to victims of sexual assault and their non-offending family members. Alleged sexual assault offenders are not eligible for counselling services.

Sexual Assault Services do, however, have knowledge regarding sexual assault offender patterns and management and will consult with other health workers to ensure that issues in the protection and wellbeing of clients is recognised. Services will also provide information about offending behaviour to people who have been assaulted and their friends/family members.

Sexual Assault workers will have a role to play in informing other Health workers that NSW Health does not provide counselling for sexual assault offending, other than through the specialist designated services (Cedar Cottage for adults, Wyong Trek and New Street for 10-17 year olds).

(Note: The sole Health service which treats adult sexual assault offenders, Cedar Cottage, is mandated by the criminal justice system to see eligible intra-familial offenders. This service has a child protection focus, rather than a cancelling program for offenders.)

Where there are reasonable grounds to believe that a person who is receiving or requesting counselling has been, or is engaged in sexual offending behaviour (above the age of 10 years), counselling by the Sexual Assault Service should be terminated. Prior to termination the risks to the person and others must be considered and appropriate arrangements made. A notification to the Department of Community Services or the Police Service must be made where appropriate. Options available to the person, including making a statement to police or considering private treatment, may be discussed prior to termination.

If identified offenders are receiving services from a health facility located at the same premises as a sexual assault service, the health service must ensure that clients do not come into contact with their assailant while attending the Health Service. Consideration needs to be given to protecting the confidentiality of the client who was assaulted. Area Health Services will develop protocols accordingly.

Rationale:

- Sexual assault is a criminal offence and investigation is a matter for the Police Service. Questioning of offenders by staff is not appropriate and can interfere with police investigations.
- Offending behaviour is very complex and requires specific treatment approaches consistent with those maintained by the Pre-Trial Diversion Program and NSW Health adolescent offenders programs.
- People who have committed sexual offences should be encouraged to take responsibility for their actions.
- It is very important for people who have experienced sexual assault to feel they are believed and that they are safe. Safety could be compromised if offenders are present in the same premises.

5.9 *Counselling Procedure*

The counselling service will provide a sensitive, prompt and professional response to all adults who have experienced recent sexual assault, consistent with NSW Health's "Principles for Working with Adults Who Have Experienced Sexual Assault" (see Appendix 2).

Counselling will focus on the client's reaction to the assault and the impact of the assault. The counselling models used will aim to maximise the clients choice and control.

The length of counselling will be based on the needs of the client as determined by the client and counsellor. Goals and progress of counselling will be reviewed regularly.

Rationale:

- In order to minimise the long term effects of sexual assault, victims require follow-up in the immediate period post crisis.
- In order to provide a comprehensive and professional service, counsellors need to be aware of the range of issues people deal with in the aftermath of the assault.
- Clients need to regain control over their lives and the effects of the assault in their own manner. This will be reflected in the style of counselling offered.

5.10 Active Follow-up Procedure

Where possible services will endeavour to have the same counsellor who had first contact with the client to provide follow-up, in recognition of the importance of the development of a trusting relationship. Services will have a procedure that ensures active follow-up and this will be communicated to the client at first contact.

Active follow-up includes the contacting of clients by services after the first or subsequent missed appointments to offer further follow-up. The expressed wish of a client not to be contacted will be respected.

Active follow up includes the contacting of clients by services after the first or subsequent missed appointments to offer further follow-up.

Rationale:

- Effective recovery after sexual assault often requires ongoing counselling, as well as crisis intervention. The literature demonstrates the need for services to be active in their follow-up.
- At an initial interview many clients do not believe that they will need ongoing support from the service and may not express interest in follow-up. In the post crisis period, denial, fear and shame may prevent clients re-contacting the service even if they are experiencing post traumatic reactions.

- Active follow up by services over a period of weeks or months assists those who may initially feel no need for assistance to access support if it is required at a later date.

5.11 Range of Follow-up Services Procedure

The Sexual Assault Service will provide a range of services required to assist clients in their recovery. These services should include individual counselling, con-joint and family counselling, therapeutic groups, court preparation and the resourcing of self help groups, wherever possible.

Rationale:

- The provision of group work programs assists in normalising the reactions clients may have experienced and assists in making connections that are important to recovery.
- Individual clients respond differently to follow up options and a range of options should therefore be offered.
- Work with significant others may be necessary to provide support for the client.

5.12 Information Procedure

Sexual Assault Services will ensure that all service users have access to current, clear and accurate information about the range of government and non-government organisations that they may need to contact, including other Health Services, the NSW Police Service, the court system, the Office of the Director of Public Prosecutions, the Victims Compensation Tribunal, the Department of Housing, and the Department of Corrective Services.

Rationale:

- Clients have a right to be fully informed about medical, police and legal procedures to enable them to make informed decisions.
- An important role of the Sexual Assault Service is to provide information to the client. The provision of current, accessible information is a key aspect of empowerment.

- The counsellor will provide information to the client in consultation with other personnel where appropriate, e.g. NSW Police Service officers.

5.13 Counselling Contract

Procedure

Where appropriate, the client will be involved in the formulation of a counselling contract, which will include:

- Timing and length of interviews for counselling;
- Content and purpose of interviews;
- Confidentiality (within legal, policy and service constraints);
- Length of contract and conditions of any extension;
- Further contact following closure of the case;
- The nature and boundaries of the counselling relationship.

Rationale:

- Although some of the work is of a crisis nature and intervention needs to be flexible in relation to individual client needs, the therapeutic contact post crisis should be jointly managed by the counsellor and the client.
- Counselling contracts should be negotiated regularly to review the client's progress, their support needs and the need for continued contact.
- Sexual Assault Services provide counselling to facilitate full recovery from sexual assault. It may be appropriate for the client to be referred to other professionals if additional counselling issues arise. Good counselling contracts facilitate this process.
- It is important to inform clients of what information is shared within the service. Clients in most instances are clients not of the individual counsellor but of the Sexual Assault Service as a whole and information sharing is a necessary part of effective case management. If the client is an associate of other workers in the service, then appropriate confidentiality measures will be taken.
- Safety and control for the client are assisted by sensitive articulation of the limits of the counsellors availability and the boundaries of the relationship. This may include, for example, how the counsellor will greet the client should they meet in another setting.

5.14 Informing and Involving the Client

Procedure

Sexual Assault Services will involve clients in counselling decisions where appropriate, by providing information about the nature and management of sexual assault issues.

Rationale:

- Sexual assault must be addressed by working in the most empowering manner possible. This will include consultation with the client. Empowerment can be achieved by providing opportunities to the client to make decisions without necessarily concurring with all the client's beliefs.
- Adults who have been assaulted need information and assistance in developing and identifying skills to manage their recovery. Normalising responses to sexual assault is an important part of the counselling process.

5.15 Court Preparation and Support

Procedure

Court support for people giving evidence in relation to the assault is an important role for sexual assault services. The Sexual Assault Service will be responsible for liaising with the Office of the Director of Public Prosecutions (DPP) to ensure that accurate, current information on matters concerning the court hearing is made available to the client. Court preparation may be based on *Nothing but the Truth*, (1993, revised 1995), a training manual with support material, available through the Education Centre Against Violence. Liaison will occur with the DPP and the Witness Assistance Service, as appropriate. Post court debriefing of witnesses in relation to the impact of court processes and the court outcome can also be important in minimising retraumatisation.

Rationale:

- Court appearances and the legal system can be extremely traumatic and confusing for people who have experienced sexual assault. Preparation and support will assist clients in an understanding of the complexities of the court process, thereby increasing their feelings of control about the situation.

- The presence of someone who is well known to the client may reduce trauma. Services need to negotiate with the client and other agencies (eg DPP Witness Assistance Service) to determine the most appropriate personnel to be involved.
- The Charter of Victims Rights (Appendix 1) stresses the importance of information and support for victims of crime.

5.16 Referral to other Agencies Procedure

Where the service is referring a person to another agency, client information will be treated with respect and confidentiality. Written procedures for referrals will cover issues of consent, confidentiality and where appropriate, feedback on the outcome of the referral. Circular 96/2 Recommendations of Service Providers to Patients by Staff of Health Organisations should be adhered to.

Rationale:

- Adults who have been sexually assaulted have a wide range of needs which may be met by other health services and government and non-government agencies or private practitioners so referrals may be common.
- Appropriate referrals to outside agencies and other health professionals is a function of Sexual Assault Services. This ensures that the client has access to a range of counselling and other assistance which is best suited to their needs.
- Prior to any referral, it will be necessary to assess the appropriateness of the referral and to liaise with the agency regarding their willingness to accept each individual referral.

SECTION 6 COUNSELLING RECORDS

6.1 Mechanism for Registration of Sexual Assault Service Files

Procedure

The Sexual Assault Service will maintain a register of all adults who present to the service. A cross-referencing mechanism must be in place through the Area Health Service central records system. The central records system should indicate only that a confidential file exists for that client, and identify a contact point with whom access to the file can be discussed. Access to the file will only take place only after careful consideration by the Sexual Assault Service and discussion with the client, if appropriate and where possible.

Rationale:

- Such a system provides confidentiality for the client, while at the same time ensuring that, when necessary, files can be located by the Health system and that pertinent issues for the client can be identified.
- Procedures will be in place to ensure that the names of clients cannot be accessed via any manual/computerised client registrations of the community health centre/hospital, without the approval of the Sexual Assault Service.

6.2 Client Record Systems Procedure

The Sexual Assault Service and Area Health Service will ensure that the documentation of the sexual assault and follow-up counselling of a client will be filed separately from other health records.

Rationale:

- Information regarding a sexual assault is extremely sensitive material and will not be contained in a general health record.
- Clients accept counselling on the understanding that within statutory limitations, they are attending a confidential service.
- Presentation to a hospital or health service several months/years later regarding another matter should not result in the client's history of the sexual assault being accessed without the client's approval.

6.3 Adequacy of content of counselling records Procedure

The counselling record of all clients will contain sufficient information to identify clients and document the assessment, management and intervention. This will include all interaction with the client, family members and other health workers or agencies. When writing notes, counsellors will strive for accuracy and relevance and objectivity.

Rationale:

- Comprehensive records enable effective case planning and management.
- Counsellors may be called on at any stage to compile reports relating to the nature of the clients' contact with the Sexual Assault Service. Information must be documented clearly as a basis for such reports.
- When there is a time lapse between presentation by the client to a Sexual Assault Service and a later presentation or request for a report, the initial counsellor may not be available. Clear and concise documentation of client records will enable others to complete reports.

6.4 Security of Records

Procedure

The Sexual Assault Service will ensure that all counselling records are kept secure at all times. Access to sexual assault counselling records will be restricted to Sexual Assault Service staff, and the medical records administrator of the Health Service/Hospital. Any computer systems installed will reflect this limited access. Every facility must ensure security of storage, including archived storage.

Rationale:

- The information held by the Sexual Assault Service is of a highly confidential nature. Clients need assurance that every precaution is being taken to protect that information.
- Information, if left unattended on desks or in unlocked filing cabinets, could be accessible to unauthorised persons.

6.5 Group Program Policies and Records Procedure

Services will develop written procedures for group work programs which address planning, eligibility, rights and responsibilities of group members and workers, evaluation and procedures for multi-agency collaboration. The Sexual Assault Service will document all programs it has provided, including group work and community education projects. This will include information about the type of group, number of participants, aims, content and evaluation.

Rationale:

- Well documented procedures for group work programs are a way of ensuring a quality service is provided.
- By implementing appropriate evaluation mechanisms which include careful documentation of the aims and objectives of the group, the Sexual Assault Service will be able to plan effectively for future group activities using the resources available.
- Group programs are a method of service delivery to clients and records will therefore be kept.

6.6 Court and Compensation Reports Procedure

Sexual Assault Services will provide compensation reports to all clients, who have received a counselling or medical response from the service upon request. Services will have procedures in place in cases where external referrals for assessment and report-writing are necessary. These may include adults who have not received counselling or medical response from the service, or where additional material may need to be included in a report.

Services will ensure that all staff have up to date information and training in quality report writing. The Service will ensure that all legal reports prepared are clear, accurate and comprehensive.

Where a client requests a report prior to legal proceedings being finalised, care should be taken not to disclose communications made by the client as this may result in a waiver of the client's privilege. Legal advice should be sought if any uncertainty exists. Reports prepared for court may necessitate further interviews being undertaken with the client to provide a clear and accurate assessment.

Rationale:

- Clients who have received a service are entitled to a report for compensation or court use. In some instances such a report may of necessity be brief. In such cases appropriate external referral sources should be in place.
- The experience of the client should be represented in legal documents in a professional manner.

6.7 *Victim Impact Statements*

Procedure

Sexual Assault Services will provide clients with accurate information regarding Victim Impact Statements (VIS). Services should ensure that all staff have up to date information and training in the preparation of victim impact statements.

When a Victim Impact Statement is requested, counsellors will discuss with the client who is the most appropriate person to prepare the Statement. Counsellors will ensure that they liaise with the DPP prior to writing a VIS. The DPP Victims of Crime Bureau Victim Impact Statement Information Package (1998) should be used. VIS will not be prepared prior to conviction of the offender.

Rationale:

- Clients have a right to be advised of the advantages/disadvantages of Victim Impact Statements in order for them to make informed decisions.
- Clients may have received counselling from other professionals or agencies who could be well placed to provide a Victim impact Statement.
- Clients are entitled to write their own VIS and can seek guidance to undertake this task from the DPP.
- A VIS prepared without consultation with the DPP or at an inappropriate stage of court proceedings may disadvantage clients.

6.8 *Case Summary*

Procedure

Following the closure of a case, a summary of contact will be filed on the counselling record. This typed summary will include:

- nature of counselling and effects of the sexual assault

- sessions of counselling
- evaluation of effectiveness
- reason for closure.

Rationale:

- A summary of intervention and outcome is useful in the preparation of reports and also in cases where the client represents to the Sexual Assault Service.

6.9 Procedures for Protecting Privacy: Subpoena of Sensitive Records

Procedure

The Sexual Assault Service and Area Health Service will take such steps as are available to ensure that sensitive or irrelevant material is not disclosed.

If files are subpoenaed by the court, clients should be advised of the subpoena in case they wish to waive their privilege. NSW legislation creates a privilege for the counselling records of a client who has been sexually assaulted. Area Health Services may be liable for damages if they do not take the necessary steps to ensure that the client has the opportunity to either waive or assent the privilege.

In conjunction with Sexual Assault Services and Medical Records Administration, Area Health Services will develop local procedures for responding to subpoenas in relation to all sexual assault matters. These procedures will accord with Central Office directions and with relevant Departmental Circulars relating to subpoenas including Circular 98/29 - Subpoenas. Not all these subpoenas in relation to sexual assault matters will relate to clients of the Sexual Assault Service.

An information kit, outlining details of responding to a subpoena, is available from the Women's Legal Resource Centre.

Rationale:

- The Evidence (Amendment) Act 1995 creates a privilege on communications between counsellors and victims of sexual assault. This privilege is not absolute and is likely to require argument on a case by case basis.
- Sexual Assault Services, while being required to comply with subpoenas or search warrants, need to take steps to protect peoples' rights to confidentiality and disclose only that information relevant to the case.

6.10 Destruction of Records Procedure

NSW Health Circular 89/13 Disposal of Medical Records sets out the requirements for retention of health records. For Sexual Assault Services counselling records for adults should be kept for a minimum of fifteen years after the intervention was completed. For young people, records should be kept until the young person reaches the age of 18 years, plus an additional 15 years.

Rationale:

- Clients have a right to know that records are secure and that they will be stored beyond presentation to the service.

SECTION 7

STAFF EDUCATION AND TRAINING

7.1 General Procedure

The Area Health Service will ensure that all staff involved with adults who have a history of sexual assault attend appropriate orientation programs and continuing professional development and education, to ensure client access to skilled, competent, non-judgmental services.

This includes Sexual Assault Service staff, counsellors, doctors, sessional/on-call staff, nurses, allied health staff and relevant clerical/intake staff.

Rationale:

- Organisations which undertake to provide specialist services to adults who have been sexually assaulted have a duty of care to these clients. Part of this duty is to ensure that workers within the organisation are adequately trained and updated on an ongoing basis.
- Medical staff should not be placed in situations where they are required to conduct sexual assault examinations without preparation or training. This can be extremely stressful for staff, while victims run the risk of receiving poor quality services.
- Court cases can be jeopardised by examinations not being conducted properly and at times can result in the patient having to be re-examined.
- Counselling staff provide a specialist counselling service which requires an understanding of the dynamics and impact of sexual assault and of the legal system.
- Clerical/intake staff provide the first contact with the service and need to be sensitive to, and aware of client issues.
- A range of health workers have contact with victims of sexual assault and require an understanding of appropriate responses to people who have experienced sexual assault.

7.2 Orientation

Procedure

Sexual Assault Services will ensure that a comprehensive orientation program, including principles and practices, is available to all staff connected with the service.

The orientation program for counsellors will include:

- myths and facts of sexual assault
- service goals, activities, policies and procedures
- policies and protocols in the area of sexual assault
- Interagency Guidelines for Responding to Adult Victims of Sexual Assault
- roles and responsibilities of other agencies
- knowledge of legal processes, interdepartmental guidelines and liaison
- management structure and team processes
- staff entitlements and working conditions, including grievance procedures
- local community profile and resources
- use of face-to-face interpreters
- differing needs of adults, children and young people and special needs groups, eg people with an intellectual disability, Aboriginal and Torres Strait Islander people, people from NESB communities and deaf or hearing impaired people
- roles and responsibilities of medical, nursing, counselling and clerical staff
- follow up STD and HIV testing
- use of the post coital prophylaxis
- occupational health and safety issues.

The orientation program for medical staff will include:

- misconceptions and facts about sexual assault
- service goals, activities, policies and procedures
- policies and protocols in the area of sexual assault
- techniques for conducting forensic and general examinations
- taking medico-legal histories and interpretation and communication of findings
- Compliance Interagency Guidelines for Responding to Adult Victims of Sexual Assault
- role delineation of medical/counselling/nursing staff
- consent to the medical examination
- medical policies and protocols regarding the care of adults who have been sexually assaulted, including the forensic protocol legal responsibilities
- means of access to senior staff for consultation
- follow up STD and HIV testing and prophylaxis
- use of the morning-after-pill
- role of different agencies, eg police, DPP
- access to written and video training material through the Education Centre Against Violence and other agencies.

7.2 Orientation for sole counsellor positions

Procedure

The Area Health Service is to designate a person who will ensure that orientation for workers filling sole counsellor positions is organised. This orientation is to include contact with other Sexual Assault Services in the Area or neighbouring Area Health Services.

Rationale:

- Counsellors filling sole worker positions face the particular difficulty of isolation and require an extended orientation period, especially as there is often no handover time with the previous worker.

7.4 Specialist Sexual Assault Training

Procedure

All counsellors and Coordinators employed in Sexual Assault Services will attend the Sexual Assault Service specialist induction training conducted by the Education Centre Against Violence. This program prepares sexual assault counsellors for their role in the provision of specialist services to people who have been sexually assaulted. The counsellor/coordinator should attend the first available course after commencing at the service. Full time medical officers should be offered the opportunity to participate in the course where appropriate. Area Health Services will ensure that adequate resources are made available to ensure access to this training.

Rationale:

- The provision of a state-wide training program for all specialist sexual assault counsellors ensures consistency in service standards across the state.
- The Education Centre Against Violence provides specialist education which is specifically developed to meet the needs of Sexual Assault Service counsellors.
- All clients across NSW are entitled to receive a high quality service from well trained staff.
- Training for medical staff is crucial to increase their understanding of sexual assault issues.

7.5 Coordinators Training Procedure

Area Health Services will encourage the ongoing development of management skills for Coordinators. This includes training in the areas of supervision, planning, service management, staff selection, information management and media contact.

Rationale:

- Clients are entitled to receive services from an efficient and effectively managed service.

7.6 Continuing Education

Procedure

The service will systematically identify the continuing education needs of staff of the Area Health Service. Access to specialist sexual assault training programs and other relevant training will be ensured. The relevance of any programs will be assessed as they relate to the service aims and objectives.

Rationale:

- The availability of continuing education programs for staff will ensure that the knowledge and skills of all staff are constantly upgraded & updated in relation to new developments in the field.
- Sexual assault is an issue with a distinct and developing knowledge base. Legislative reforms, new information on counselling interventions, resources and medical information is constantly being reviewed and updated. In order to provide a comprehensive service, it is necessary for all staff to be aware of these changes and incorporate them into their practice.
- Continuing education should be linked with current and projected service demand and priorities.

7.7 Training for Court Appearances Procedure

Sexual Assault Services will ensure that counselling and medical staff are provided with training to assist them in their roles as witnesses in court cases. A copy of the training video, "Caught Out", available through the Education Centre Against Violence, will be available at all services.

Rationale:

- Court appearances can be extremely stressful for staff and training will assist staff in improving the quality of their presentation in court.

7.8 Student Placements Procedure

Sexual Assault Services will have written guidelines regarding student placements. These guidelines will include supervisory arrangements, feedback mechanisms, confidentiality requirements and the development of a contract which outlines the role of the student while on placement.

Rationale:

- Sexual Assault Services can contribute to the education of tertiary students and increase their awareness and understanding of issues in relation to working with people who have been sexually assaulted and their non-offending family members.
- The needs of students must be balanced with clients' rights to confidentiality, privacy and a high quality service.

SECTION 8

MANAGEMENT

8.1 Consultation between Service Coordinators

Procedure

Regular consultation between Sexual Assault Services at the local, Area and state levels will take place, so that planning and decision making is well informed and coordinated.

Rationale:

- To ensure effective planning and decision making, workers and Coordinators require knowledge of local, Area and state issues that arise in the field of sexual assault.

8.2 Management structure Procedure

The Sexual Assault Service will have a management structure which clearly delineates the lines of responsibility and accountability. The roles of the different components of the health sector need to be clearly defined.

Procedures need to be in place where Sexual Assault Services staff, through the Coordinator, can contact senior Area Health Service staff for urgent advice.

Rationale:

- Effective and responsive management ensures coordination of services, informed decision making and appropriate allocation of resources.
- Due to the range of services required by clients, several parts of the health system are required to work together to ensure coordinated service delivery.
- Due to the legal implications of sexual assault work and the interagency liaison required, situations can arise where senior management involvement or intervention is essential.

8.2 Coordinator

Procedure

Sexual Assault Services will have a full-time Coordinator, employed at a Grade 2 or 3 Social Worker level or equivalent. This person is responsible for the management of the service and has a clear line management structure. In rural Areas where there are a number of smaller services with less than two full time equivalent counsellors without a service Coordinator, an Area Sexual Assault Service Coordinator will be appointed. This Area Sexual Assault Service Coordinator will fulfill the following coordination responsibilities.

In Areas where an Area Coordinator position exists as well as Service Coordinator positions, a clear delineation of roles needs to be negotiated and documented.

The Service or Area Coordinator will be responsible for the following:

- The effective oversight and management of the Sexual Assault Service including compliance with policies and procedures.
- Administration of the service, including the preparation of annual reports, submissions and liaison with appropriate administrators on issues relevant to the service.
- Management of the budget.
- Coordination of crisis counselling services and medical care, case management and follow-up counselling services, including rosters, liaison with medical and nursing staff etc.
- Ensuring the provision of training and clinical supervision for all counselling staff, as well as the training of other relevant personnel including medical staff on issues concerning sexual assault.
- Collection of data relevant for future planning of service provision. This includes ensuring completion and submission of NSW Health data collection forms.
- Limited direct service role where appropriate, eg. casework, group work, crisis on-call.
- Liaison with other relevant departments and agencies and the resolution of complaints and problems,
- Ensuring that the service maintains a balance of community education, professional training and community development, including provision of resources to local groups when requested and as appropriate.

- Ensuring that the service consults with peak bodies/interest groups in order to maximise access and sensitivity to special needs groups including those representing people from non-English speaking backgrounds, Aboriginal and Torres Straight Islanders, those with disabilities, lesbian/gay people clients etc.
- Liaison with the Regional Violence Prevention Specialist, Women’s Health Coordinator and other specialist positions where appropriate regarding common issues.
- Monitoring of quality assurance activities.
- Ensuring all counselling staff receive adequate debriefing, as required.

Rationale:

- The major focus of Sexual Assault Services is the provision of counselling services. Staff employed to work as counsellors require professional direction and supervision to maintain high quality services.
- Sexual Assault Services provide a range of services in a particularly sensitive environment and require leadership and direction.
- Competing demands on the service need to be managed by a Coordinator who also has access to, and contact with other managers in the Health system.

8.4 Senior Medical Officer

Procedure

Sexual Assault Services which provide a medical response will have a senior medical officer with designated responsibility for the organisation and delivery of medical services and the quality of medical care provided by the Sexual Assault Service. This includes ensuring appropriate training of medical officers. This responsibility extends to services provided by General Practitioners, Career Medical Officers and Visiting Medical Officers working on sexual assault on-call rosters. This will be achieved in consultation with the Sexual Assault Service Coordinator. Procedures will ensure that the Senior Medical Officer or their nominee will be available for consultation 24 hours a day.

Rationale:

- Staff providing medical services require access to a Senior Medical Officer who can provide advice and consultation and act on specific difficulties or issues in the provision of these services.
- Senior Medical Officers play a vital role in ensuring the quality of medical services and patient care. Senior Medical Officers ensure the availability of training programs and supervision.

8.5 Counsellor and Coordinator Qualifications Procedure

All counselling staff should have appropriate tertiary qualifications in the behavioural sciences, such as social work, psychology/clinical psychology or welfare studies. Where Sexual Assault Services are located in areas with high numbers of non-English speaking or Aboriginal communities, counsellors from these backgrounds should be encouraged to apply for positions. The Coordinator will have tertiary qualifications, clinical experience in sexual assault and management skills.

On-call counsellors may be drawn from a number of other disciplines if they have appropriate training, experience and qualifications.

Rationale:

- Training in social work, psychology or behavioural sciences provides a sound body of knowledge on which to develop the specific skills required to work with people who have experienced sexual assault.

8.6 Job Descriptions Procedure

All staff working in the Sexual Assault Service will have a statement of duties which documents their roles and responsibilities and which are reviewed annually. This statement will clearly designate clinical and administrative responsibilities.

Rationale:

- Clearly defined roles and responsibilities facilitate effective and high quality service delivery.

8.7 Staff Selection

Procedure

Selection panels for Coordinator positions should include an Area Health Service representative, a Coordinator from another Sexual Assault Service and where possible, the Senior Policy Analyst (Sexual Assault), NSW Health Department. Counselling staff recruitment panels should include the Coordinator of the Sexual Assault Service or the Coordinator of another Sexual Assault Service. The composition of the selection panel will also be consistent with Area recruitment protocols.

Rationale:

- The skills required for the provision of Sexual Assault Services are complex and recruitment panels will be most effective if they include staff who have working knowledge of Sexual Assault Services. These staff can provide detailed knowledge of the skills and expertise required of an applicant.

8.8 Gender of Staff

Procedure

The overwhelming majority of perpetrators are male and it is typical for most victims, including males, to prefer female counsellors and associated staff. Staffing of services will reflect this situation. Where a request is made for a male counsellor or doctor, every effort will be made to meet this request.

Rationale:

- As victims have experienced a major trauma, every attempt should be made to put the victim at ease.
- Section 31 of the Anti Discrimination Act 1977 provides for the gender of applicants to be prescribed where being a person of a particular sex is a genuine occupational qualification for the job. This provision recognises that some positions are more suited to a particular gender.

8.9 Staff Supervision

Procedure

The Sexual Assault Service will ensure clients receive the best possible service by providing regular individual staff supervision and debriefing. In sole counsellor services, appropriate supervision will be arranged by the Area. Area Health Services are also responsible for ensuring supervision of Coordinators who carry a clinical load.

The minimum requirement for supervision is equivalent to one hour per 38 hour week, at a pro-rata rate. This may include group supervision. The Coordinator of the service must provide supervision to their staff and will in turn be supervised by a line manager. This does not preclude additional clinical consultation being provided by external sources.

Rationale:

- High quality service provision can only occur if staff supervision mechanisms are in place. This provides opportunities to provide feedback and guidance and identify further training needs.
- Direct line management supervision by Coordinators is important to ensure accountability and high quality service.

8.10 External Consultations

Procedure

If the Sexual Assault Service wishes to engage the services of an external consultant, the roles, responsibilities, period of the consultation and issues regarding confidentiality must be written into a contract. The consultant will always be responsible to the Coordinator of the Sexual Assault Service for their work within the service and provide consultation consistent with the policies and procedures of the service.

Rationale:

- Coordinators of Sexual Assault Services are clinically and administratively responsible for counselling services provided to people who have experienced sexual assault. The role of the outside consultant needs to be clearly defined in relation to that of the Coordinator.

8.11 Resource Management Procedure

The Coordinator will participate in the Area Health Service's decisions on staffing, budgeting and accommodation for the service which affect the provision of sexual assault services in accordance with this Policy and Procedure Manual.

Rationale:

Sexual Assault Services require effective resource management to ensure an adequate level of operation.

8.12 Minimum requirements for a designated Sexual Assault Service

Procedure

For a service to qualify as a designated Sexual Assault Service, it must meet the following minimum requirements:

- A designated worker, suitably qualified to work with people who have been sexually assaulted and their non-offending family members, is employed. The worker must attend specialist induction training at the Education Centre Against Violence.
- High quality medical services for initial examinations, treatment and follow-up is provided by doctors who have attended training in sexual assault procedures
- Access to high quality 24 hour crisis and follow-up counselling is available.
- Links with local police and adherence to Interagency Guidelines are established and maintained.
- Capacity to provide community education is evident.
- Supervision is provided for counsellors by suitably qualified staff at the rate of at least one hour per 38 hour week.
- Management by a service Coordinator and/or Sexual Assault Area Coordinator is provided.
- Links to other Area Sexual Assault Services are evident.

Rationale:

- It is important to recognise the difference between the provision of specialist sexual assault counselling and generic counselling and support in order to ensure that clients receive high quality support.

8.13 Area Health Service Protocols Procedure

Area Health Services will ensure that a protocol is established for health services, i.e. hospitals, community health services, regarding the referral of people who have been sexually assaulted and their non-offending family members to the designated Sexual Assault Service in their Area. Protocols will include information on emergency telephone contacts and urgent medical treatment. Training programs for health workers will be provided by the Sexual Assault Service to ensure understanding of these protocols.

Rationale:

- Referring services need to follow clear protocols to ensure minimal delay and high quality service provision for clients.

8.14 Safety and Security for Staff

Procedure

Managers of services need to ensure the safety and security of both staff and clients. Initial interviews should always be conducted in the premises of a designated office. Duress alarms will be installed wherever possible. Workers travelling out of the office will always inform other staff of proposed visits and expected times of return.

Home visits will be done at the discretion of counsellors, bearing in mind the safety and security of both the counsellor and the client. Home visits may be the preferred option in some circumstances due to access issues, but consideration should be given to other suitable venues, as long as confidentiality can be assured.

All after-hours presentations are to be assessed and attended to through hospital Emergency Departments to ensure worker and client safety.

All centres will have copies of the NSW Health Department's 1998 document Safety and Security Manual - Minimum Standards for Health Care Facilities, which outlines minimum standards for health care facilities regarding home visits, after-hours visits, emergency procedures and car breakdowns.

Rationale:

- When dealing with emotionally charged situations, the possibility of violence against workers must be acknowledged.
- Coordinators and other staff involved in the management of the service need to recognise the potential for violence and advise staff regarding the appropriate procedures to be followed.
- Following appropriate safety and security practices can serve to minimise worker stress by reducing feelings of fear and isolation.

8.15 Central Office Links

Procedure

Sexual Assault Services will provide advice regarding the management and implementation of services, as well as emerging issues in the area of sexual assault, to the relevant staff in the NSW Health Department.

Rationale:

- The NSW Health Department is responsible for policy development and for overseeing policy implementation in NSW Sexual Assault Services. The Department also ensures that services are represented at a senior management level with other government departments.
- The services are linked throughout NSW as a network, with policy developed at a central level. Many issues raised at one service have implications across all services and these need to be considered and responded to in a standardised manner.
- Service providers informing the Department about issues relating to sexual assault allows for these issues to be taken up at central interagency forums such as the NSW Council on Violence Against Women.

8.16 Attendance at Statewide Meetings Procedure

A minimum of one Coordinator and one worker from each Area will attend the quarterly Statewide Sexual Assault Service workers meetings.

Rationale:

- Statewide meetings ensure that services are kept informed of developing medical, legal and counselling issues regarding sexual assault.
- The terms of reference of the Policy and Procedure Manual of the NSW Sexual Assault Services Statewide Group can only be met with adequate statewide attendance.

8.17 Private Practice

Procedure

If services are referring potential clients to counsellors or medical officers in private practice, they must abide by Circular 96/2 -Recommendations of Service Providers to Patients by of Staff of Health Organisations. This includes giving potential clients a list containing at least three names from which to choose.

Counsellors and medical officers who work within the Sexual Assault Service are not to include themselves in these referrals (Circular 98/79 - Principles and Minimum Standards for the Development of Health Service Codes of Conduct).

Rationale:

- Services have a responsibility to ensure that referrals for clients are made in a professional and consistent manner.
- Ethical considerations will be addressed where workers have a private practice in the same geographical area as the service.

8.18 Relationships with Clients

Procedure

Sexual assault counsellors must not exploit their clients in any way. Sexual relationships or sexual contact with clients, former clients or clients immediate family members/significant others are not acceptable. Boundary violations in a therapeutic relationship may include going over agreed length of time in sessions, outside appropriate office times or venues, volunteering inappropriate personal information, social contact or sexualised or sexual behaviour.

Regular supervision, consultation and professional development are essential for the prevention of boundary violations and maintenance of ethical standards.

Where counsellors have a pre-existing social or professional relationship with clients referred to the service, an alternative counsellor must be found. Where the counsellor is a sole worker, the Area is responsible for ensuring that the client receives the service from an alternative counsellor.

This policy is consistent with Circular 98/79 - Principles and Minimum Standards for the Development of Health Service Codes of Conduct. Staff should also be aware of any further Code of Conduct requirements for personal and professional behaviour of the Area Health Service under this Circular.

Rationale:

- A client/counsellor relationship is not one of equality. In seeking help and revealing intimate information, the client is vulnerable. This imbalance is not dissipated by the termination of the counselling. Where sexual assault is the focus of counselling, these issues are particularly acute as any exploitation is likely to be paralleled with abusive acts of the offender.
- The inequality inherent in a counselling relationship is not compatible with the maintenance of pre-existing social relationships. It is acknowledged that this may be difficult to avoid, especially in small communities (see also Policy 5.12 Counselling Contract).
- Violation of boundaries results in clients being unsafe. Regular supervision is essential for sexual assault counsellors in order to review these issues.
- it is the responsibility of Sexual Assault Service workers to address boundary issues as they arise and to discuss them with their supervisor.

SECTION 9

MEDICAL ASSESSMENT AND MANAGEMENT

9.1 Staff and Responsibilities

Procedure:

It is the responsibility of the Area Health Service to ensure that trained sexual assault forensic examiners are available to provide timely forensic and general medical examinations to recent victims of sexual assault.

Sexual assault forensic examiners may be either medical officers or nurses who have undertaken specialist training.

The minimum requirements of this training include an awareness of the nature and impact of sexual assault, the needs of victims in crisis, the role of the medical examination, the use of the Forensic Protocol, current pregnancy and STD prophylaxis requirements after sexual assault in addition to the interpretation of findings, recording requirements and evidentiary issues in relation to sexual assault.

Private medical practitioners providing examinations to sexual assault victims who fulfil this role on out of hours rosters should also undertake specialist training.

Nurses providing sexual assault forensic examinations need to have successfully completed NSW Health Sexual Assault Nurse Examiner' (SANE) training courses.

All clinicians providing sexual assault examinations on a regular basis should engage in ongoing training and peer consultation in relation to sexual assault examinations.

The designated Senior Medical Officer is responsible for the overall coordination and quality assurance of the clinical service in line with the principles outlined in this document, in conjunction with the Sexual Assault Coordinator.

The Sexual Assault Coordinator or their nominee is responsible for the coordination of training and the coordination of each clinical assessment.

Rationale:

- The provision of quality clinical examinations is important for victim care and to support criminal action against offenders.
- Clinicians providing these examinations require training and ongoing support.

9.2 Initial Contact

Procedure:

Contact with sexual assault forensic examiners will be organised so that there is minimal delay in initial contact with the client. The sexual assault forensic examination will commence within two hours of request by the counsellor following presentation of the client at the service. Provision of a clinical response after a sexual assault must bypass standard triage waiting requirements through immediate contact with the sexual assault counsellor. However this does not preclude the client undergoing triage assessment for injury. The clinical examination will be conducted only after the client has been assessed by a Sexual Assault Service counsellor unless urgent medical attention is required.

Rationale:

- Treatment after sexual assault should be provided as a matter of urgency due to the time constraints of the collection of forensic evidence and clinical management, eg the provision of post coital contraception.
- People who have been sexually assaulted often want reassurance that they are physically unharmed and this is just as important as the collection of forensic evidence.
- An appropriate clinical examination cannot be provided unless the client's immediate psychological and emotional needs are first attended to. This includes the provision of information to enable the client to make necessary decisions which impact on the clinical examination.

9.3 Environment

Procedure:

Clinical examinations will be conducted in facilities that ensure the privacy, anonymity, safety and comfort of the client. Wherever possible the clinical examination will be conducted free from interruption by, for example, telephones, pagers or other staff entering and leaving.

Rationale:

- Interruptions do not encourage the victim to feel that they do not have the full attention of the sexual assault forensic examiner, nor do they facilitate discussion of sensitive issues.
- The nature and dynamics of sexual assault often leave people with feelings of loss of control, fear and shame. It is therefore important to address the client's need for privacy and safety.

9.4 Consultation

Procedure:

Prior to conducting the clinical examination in non-urgent cases, the sexual assault forensic examiner is to consult with counselling staff and (where appropriate) relevant police officers, regarding the timing and nature of the examination. The need to respond rapidly should be emphasised, especially if the assault occurred less than 72 hours earlier. Forensic evidence is most likely to still be present within 72 hours, but may still be present up to seven days post assault.

Rationale:

- Consultation with counselling staff is crucial to understand how the client is responding emotionally and to plan coordinated care of the victim.
- Consultation with police may in some cases be important to obtain any information they have which will assist the doctor to perform the medical examination.
- Coordinated care between all aspects of health, welfare and justice agencies is essential to avoid unnecessary duplication of questions or procedures.

9.5 Client's willingness to proceed

Procedure:

No examination is to be provided to a client unless they are willing to proceed, except in a medical emergency. Clients will be made aware of the nature and purpose of the examination.

If a client does not speak English and an interpreter is not used, valid consent has not been gained and the clinical examination should not proceed.

If, in the worker's view, the client is temporarily unable to consent at that time, (in cases such as those where the person is affected by substance use/abuse), an alternative time should be arranged for the clinical examination.

Rationale:

- A victim of sexual assault has been forced, coerced or manipulated into sexual acts. All procedures must recognise this fact and ensure that they do not replicate the loss of control and helplessness experienced during the assault.
- The wishes of the police, other agencies or health personnel, guardians or family members will not override the client's unwillingness to proceed with a clinical examination.

9.6 Written Consent

Procedure:

Valid, written consent from the client must be obtained before a clinical examination is conducted.

Completion of a consent form does not mean that a valid consent has been obtained. For consent to be valid the following requirements must be met:

- the consent must be freely given
- the person must have the capacity to give consent. That is, they must be capable of understanding what they are doing
- the consent must be specific
- general information must be provided about the nature of the procedure.

Young people aged 14 to 16 years are able to provide their own written consent to the examination where they are able to adequately understand the nature, and consequences of the examination. It is, however, preferable to have consent of the parent or guardian for young people aged 14-15 years, unless the young person objects.

Permission to release information to the NSW Police Service when the client is over the age of 16 years must be obtained separately after the completion of the rest of the protocol (see also **S 9.7 - Substitute Consent**).

Rationale:

- Consent to clinical examinations is an important medico-legal requirement that should not be compromised in the case of sexual assault forensic examinations.

9.7 Substitute consent for medical or forensic procedures

9.7a Examinations on Unconscious Patients

Unconscious patients who are admitted to a hospital require assessment and treatment as medical emergencies. Where there is a suspicion of sexual assault, internal examinations will only be conducted after the patient's condition has been stabilised and the appropriate consent has been obtained.

The decision to do a genital examination, which may include a forensic examination, will only take place where there are clear indicators that an assault has taken place. These would include signs of genital trauma, significant disturbance of clothing or witnesses stating that an assault has taken place. The decision to provide the examination is made by the on-call counsellor or the Sexual Assault Coordinator, the sexual assault forensic examiner and the treating medical officer, in consultation with the police and the family or the "person responsible" for the patient. The effect of the ingestion of

alcohol or other drugs must be taken into consideration before any decision is made about seeking substitute consent

Where an examination is indicated, substitute consent may be obtained from the “person responsible” (See Appendix 4 for a guide on obtaining substitute consent). A “person responsible” can only give consent to a forensic examination if it is being provided as an adjunct to appropriate treatment for the client. Forensic examinations are only provided by Sexual Assault Services as a part of the total care of the client.

If police or others are requesting a forensic examination where an examination is not otherwise indicated, a “person responsible” has no authority to give consent and an application must be made to the Guardianship Tribunal for a guardian to be appointed to make the decision.

An examination will not be provided to a person who is unwilling to proceed with the examination, even if the necessary consent is obtained.

Consent to release the kit remains with the patient. In the case of death, the kit will be held by the Sexual Assault Service until collected by police. If the patient seems unlikely to recover consciousness or does not recover the capacity to give informed consent, only a guardian appointed by the Guardianship Tribunal will have the authority to determine whether to release the kit or not.

Rationale:

- Sometimes people are found unconscious and there may be a suspicion of sexual assault. Normal medical procedures will apply to thoroughly assess and treat the patient.
- Requests are sometimes made of staff by police to conduct forensic examinations and the release of the information. A forensic examination will not take place where there are no indicators for such an examination.
- Care will be exercised to ensure that consent requirements are met. Similarly, the patient’s right to choose to release information will be observed.

9.7b Clients with Intellectual Disabilities

Policy

The decision to provide an internal examination, which may include a forensic examination, will only take place where there are clear indicators that an assault has taken place. These would include a disclosure, signs of genital trauma, significant disturbance of clothing or witnesses stating that an assault has taken place. The decision to provide the examination will be taken by the treating medical officer, the sexual assault forensic examiner and the sexual assault counsellor only after the appropriate consent has been obtained.

Clients with an intellectual disability may be in a position to make informed decisions for themselves about a clinical examination and release of protocol. The clinician will assess whether the client can understand the nature of the examination in order to determine whether or not they can give consent.

Where a clinical examination is indicated, and the client does not have the capacity to consent to treatment because of the level of their disability, substitute consent may be obtained from the (See Appendix 4 for a guide on obtaining substitute consent). A “person responsible” can only give consent to a sexual assault forensic examination if it is being provided as an adjunct to appropriate treatment of the client. Forensic examinations are only provided by Sexual Assault Services as a part of the total care of the client.

If police or others are requesting a sexual assault forensic examination where an examination is not otherwise indicated, a “person responsible” has no authority to give consent and an application must be made to the Guardianship Tribunal for a guardian to be appointed to make the decision.

An examination will not be provided to a person who is unwilling to proceed with the examination, even if the necessary consent is obtained.

The consent for a forensic examination does not include consent to release the forensic protocol to police. Only a guardian appointed by the Guardianship Tribunal will have the authority to determine whether to release the forensic kit in cases where the client with an intellectual disability has not consented to their medical examination.

Rationale:

- No person should receive an internal! forensic examination without specific indicators that an assault has taken place. Normal medical procedures apply to thoroughly assess and treat the patient in sexual assault cases.
- Requests are sometimes made of medical staff by police to conduct forensic examinations and the release the information. A forensic examination wilt not take place where there are no indicators for such an examination.
- To ensure that client’s rights are fully protected, care will be exercised to ensure that consent requirements are met. Similarly, the patient’s right to choose to release information will be observed.

9.7c Clients with a Mental Illness

The decision to provide an internal examination, which may include a forensic examination, will only take place where there are clear indicators that a sexual assault has taken place. These would include a disclosure, signs of genital trauma, significant disturbance of clothing or witnesses stating that an assault has taken place. The decision to provide the examination will be taken by the treating medical officer, sexual

assault forensic examiners and sexual assault counsellor only after the appropriate consent has been obtained.

A client with a mental illness may have the capacity to consent to a sexual assault forensic examination.

If the patient has been admitted to a psychiatric unit on a voluntary basis, they may still be capable of making an informed decision about a sexual assault forensic examination. If the patient does not have the capacity to consent to treatment because of thought disorder, substitute consent may be obtained from the “person responsible” (see Appendix 4 for a guide on obtaining substitute consent). Consent by a “person responsible” can only be given where the sexual assault forensic examination is being provided as an adjunct to appropriate treatment of the client. Forensic examinations are only provided by Sexual Assault Services as a part of the total care of the client.

Where a medical examination is indicated and the patient has been scheduled under the Mental Health Act (1990), authority to give consent to a sexual assault forensic examination lies with the Medical Superintendent of the psychiatric hospital/ward or a medical officer nominated by the Medical Superintendent. This consent will be documented in the forensic protocol.

If police or others are requesting a sexual assault forensic examination where a medical examination is not otherwise indicated, a “person responsible” has no authority to give and an application must be made to the Guardianship Tribunal for a guardian to be appointed to make the decision.

A sexual assault forensic examination will never be performed on a person who is unwilling to proceed with the examination, even if the necessary consent is obtained.

The consent for a sexual assault forensic examination does not include consent to release the forensic protocol to police. It is preferable, where possible, to wait until the client who has been assaulted can make their own decision about releasing the forensic protocol and proceeding with the report to police.

A decision about whether the client has recovered the capacity to make informed consent in relation to the release of the kit will be determined by the treating mental health practitioner and the victim. The process and basis of this decision will be documented in the client’s notes.

If the patient does not recover the capacity to give informed consent, only a guardian appointed by the Guardianship Tribunal will have the authority to determine whether to release the SAIK or not:

Rationale:

- No person should receive an internal/forensic sexual assault examination without specific indicators that an assault has taken place. Normal medical procedures will apply to thoroughly assess and treat the patient.
- Requests are sometimes made of medical staff by police to conduct forensic sexual assault examinations and the release the information. A sexual assault forensic examination will not take place where there are no indicators for such an examination.
- Care will be exercised to ensure that consent requirements are met. Similarly, the patient's right to choose to release information will be observed.

9.8 General anaesthetics

Procedure:

General anaesthetic will only be used for clinical reasons. It will not be used to gain compliance where the client does not agree to a sexual assault forensic/clinical examination.

Rationale:

- A victim of sexual assault has been forced, coerced or manipulated into sexual acts. All medical procedures must recognise this fact and ensure that they do not replicate the loss of control and helplessness experienced during the assault.

9.9 Explanations of examinations

Procedure:

The examination will be fully explained to the client in a manner, which is appropriate for the client's age, language, level of disability and emotional state. The explanation will:

- include the reason for examination and the reason for the timing of examination;
- continue throughout examination;
- include information concerning the release of findings, as appropriate to the client;
- be assisted by an interpreter if the client does not speak adequate English.

Rationale:

- People with disabilities or difficulties understanding English have the same rights to information as all other clients. A variety of methods can be used to explain complex issues to people with intellectual disabilities. Those who speak English as a second language are entitled to an interpreter.

- Victims are often under severe emotional stress following sexual assault. Sexual assault forensic examiners must thoroughly assess the client's ability to understand the nature of the examination and the reasons for it.

9.10 Assessments

Procedure:

An assessment will include a physical examination of the client as outlined in the sexual assault protocol, in addition to a history regarding the sexual assault. The physical examination will be directed by the history taken, taking into account the consent of the client.

Rationale:

- Clients may have incurred injuries during the assault and these injuries (unless medical emergencies) should be attended to as part of the sexual assault forensic/clinical examination to avoid extra waiting times. Sexual assault forensic examiners will consult medical staff in relation to the treatment these injuries as required.
- Accurate clinical examinations will be performed in all cases of sexual assault where a sexual assault forensic/clinical examination is warranted.

9.11 Witness to the Examination

Procedure:

When a client requires a sexual assault forensic/clinical examination, a witness to this examination is required. In most instances this will be a nurse or the counsellor. It is preferable that a witness be present in all clinical examinations including those that are done to reassure the client rather than to collect forensic evidence.

Rationale:

- A witness to sexual assault forensic/clinical examinations is an important way to ensure that the chain of evidence is not broken and for the client's safety.

9.12 Accompanying Person

Procedure:

Clients must be offered the opportunity to have a support person of their choice present during the sexual assault forensic/clinical examination. Where this person is the counsellor, they may also act as a witness to the examination, but people accompanying the victim who are not employed by the Health Service cannot sign as witness to the examination.

Rationale:

- Anxiety about the examination may be reduced if a victim can have someone present whom they consider supportive.
- It is advantageous for the counsellor to be present during the medical interview/examination to ensure the clients emotional needs are met.

9.13 Police Presence During Medical Examinations

Procedure:

The primary focus of the sexual assault forensic/clinical examination is the care and treatment of the patient. Specimens collected in the examination are placed in the sealed kit, entered into a forensic register and held in a locked fridge until handed to police. This procedure preserves the evidence and obviates any necessity for police presence during the medical examination. Police officers do not need to be present to witness the collection of sexual assault forensic evidence. Should the client make an unsolicited request for the police officer to be the support person, the officer may be present.

Rationale:

- Sexual assault forensic/clinical examinations can be acutely distressing and embarrassing for clients. A minimum number of persons should be present.
- Sexual assault forensic examiners follow a set procedure when taking specimens. This allows the evidence to be accepted in legal proceedings without requiring the presence of police officers.

9.14 Discussion of findings

Procedure:

Following an examination, the sexual assault forensic examiner will discuss any findings with the client, allowing sufficient time to deal with any issues that arise.

The sexual assault forensic examiner will also discuss any significant findings with the counselling staff and police, after obtaining permission from the client.

Rationale:

- Clients are often anxious to know if they have been “damaged” by the assault. Information needs to be given about examination findings and this provides the opportunity for reassurance where appropriate.

9.15 Availability of Medical Staff of Appropriate Gender

Procedure:

Wherever possible, staffing patterns should ensure the availability of both male and female sexual assault examiners to allow victim's requests for a particular gender of staff to be met.

Rationale:

- Extensive research indicates that males are the assailants in 98% of sexual assaults. Many women who have been sexually assaulted do not wish to be examined by male sexual assault examiners due to embarrassment or fear. This also applies to some men who have been assaulted if the assailant is a male.
- If patients state a preference, every effort will be made to ensure the request can be met. This may involve rescheduling the clinical examination in consultation with the police.

9.16 Nature of Examination

Procedure:

The nature of the examination conducted will be determined by the clinical situation and the history obtained.

Rationale:

- Clinical examination following a sexual assault can be extremely distressing for victims.
- Sexual assault forensic examiners will not expose clients to unnecessary examinations or procedures. At the same time, sexual assault forensic examiners need to recognise their responsibility to ensure that clients receive a thorough clinical service.

9.17 Testing for Sexually Transmissible Diseases (STD)

Procedure:

At the initial assessment tests for sexually transmissible diseases (STDs) may be taken in cases where the client specifically requests them or when there are clinical indicators of an STD. Most STDs will not show on tests before a minimum of 72 hours, so testing within the immediate post exposure period should only be undertaken to exclude pre-existing STDs. Baseline testing for HIV, Hepatitis B or any sexually transmissible disease is not standard procedure for acute presentations.

Follow up testing will be provided at two weeks post assault for the exclusion of bacterial STD like gonorrhoea and chlamydia.

Follow up screening for HIV, Hepatitis B virus and syphilis at three months post assault to cover window period should occur. Reasons for follow up testing will be clear, and appointments will be offered without coercion. Clients should be counselled about the need for safe sex practices where appropriate until after window period and all results have been returned. Written information on the risk of sexually transmissible diseases will be provided (See Appendix 5 for sample information sheet on Sexually Transmissible Diseases and Sexual Assault).

Testing, counselling and confidentiality with regard to STDs will be carried out in accordance with:

- PD2005_048 *Counselling Associated with HIV Antibody Testing. Guidelines, (formerly Circular 92/20)*
- PD2005_134 *HIV Confidentiality: A Guide to Legal Requirements (formerly Circular 98/100)*
- PD2005_194 *HIV Antibody testing by Laboratories in NSW (formerly Circular 01/29)*
- PD2005_593 *Privacy Manual (Version 2) 2005.*
- GL2005 022 *Management of non-occupational exposure to blood borne and sexually transmissible diseases (formerly Circular 99/3 1)*

Services that provide clinical examinations will also refer to the local specialist sexual health service regarding local prevalence of STDs, appropriate treatment and assistance with defining risk in sexually active people in the Area.

Rationale:

- Identification of STDs after an assault is more important for the health and psychological well being of the client than for legal purposes, as the infection may have been acquired before the assault.
- The prevalence of STDs in assailants has not been quantified but is generally low, as is the prevalence of STDs in the general population.
- Clients who have been sexually assaulted need to be made aware of the level of risk of acquiring an STD as a result of assault, the purpose of the tests to be conducted and the possible consequences.
- Sexual assault forensic examiners need to be informed in relation to current risk and practice in providing STD screening.

9.18 Post assault STD prophylactic medication

Procedure:

Prophylaxis for STDs after sexual assault is not generally indicated. In relation to HIV prophylaxis specifically, this treatment is generally not indicated, has substantial side effects and should be commenced within 72 hours of exposure.

It is however important to assess the risk that the person may have been exposed to an STD. Information on risk assessment and possible medications is found in Appendix 6. *GL2005_022 Management of non-occupational exposure to blood borne and sexually transmissible diseases* also provides guidelines for risk assessment, counselling and post-exposure prophylaxis (PEP) regimes for HIV, HBV and other STDs.

Emphasis will be on discussion of risk with the client, provision of information and active follow-up testing plans. (See Appendix 5 for Fact Sheet)

Where it appears that HIV PEP may be warranted, consultation with an Area authorised prescriber of highly specialised drugs (HIV specialist physician or sexual health physician) should occur.

Rationale:

- People who have been sexually assaulted need to be made aware of the level of risk of acquiring an STD as a result of assault, the purpose of the tests to be conducted, the possible consequences of testing and the efficacy of prophylaxis for STD.
- While the risk of acquiring a STD including HIV is low (See Appendix 6), and prophylaxis is not recommended it is important to ensure that a risk assessment is undertaken for all persons who are sexually assaulted.

9.19 Post Coital Contraceptive Pill

Procedure:

Post coital contraception will be available and offered to all women and girls where a risk occurs, unless medically contra-indicated. To enable women to make an informed choice, a comprehensive explanation must be provided for consumption, with adequate time allowed for this. A written handout explaining the use of the post coital contraceptive pill will also be provided (See Appendix 7 for sample).

Rationale:

- Prophylactic contraception is an important aspect of the medical service provided.
- Attention will be paid to correct administration of this medication to ensure its effectiveness.
- Women may find the offer of post coital contraception reassuring, but need to be counselled about its limitations and potential effects.

9.20 Follow-Up Medical Procedures

Procedure:

Follow-up medical appointments regarding injuries, pregnancy, sexually transmissible diseases and other general medical matters will be provided to clients (as relevant to the history of the assault), and will be conducted in a private and sensitive manner as arranged by the Sexual Assault Service.

Rationale:

- Arrangements for follow-up need to be sensitive to the victim's needs for anonymity and confidentiality.
- The provision of this service is an important aspect of overall care provided to the client.

9.21 Liaison with other Health Services

Procedure:

Should clients require follow up in the form of continuing care for the sexual assault from other medical staff or agency, the sexual assault forensic medical examiner is responsible for providing to that doctor or agency a summary of treatment already provided, once the client's consent has been obtained.

Rationale:

- Good clinical practice dictates appropriate sharing of information should a client be referred to, or seek treatment from, another medical practitioner or health professional.

9.22 Medical Test Results

Procedure:

Clinical staff are responsible for the collection and interpretation of medical tests and will ensure information concerning all STD or pregnancy test results are conveyed to the client.

Rationale:

- Clients are often very anxious regarding the outcome of tests taken during an examination. Clinical staff need to ensure that they relay the test results promptly.

9.23 Use of Sexual Assault Forensic Protocol

Procedure:

The use of the Sexual Assault Investigation Kit (SAIK) will be restricted to sexual assault forensic examiners working with the Sexual Assault Service. Except in the case of an emergency, a medical examination will not be performed without the client first meeting with the counsellor.

Rationale:

- The Sexual Assault Investigation Kit assists sexual assault forensic examiners to adequately document sexual assault forensic examinations. The protocol, however, will not be used by clinical staff who have not received training in issues regarding sexual assault or where the client has not first been seen by the Sexual Assault Service counsellor.

- Clinical examinations may be distressing for clients and have legal implications. Adequate opportunity must be provided for these issues to be discussed with a counsellor prior to the examination.

9.25 Referral to Tertiary Hospitals

Procedure:

Alt sexual assault forensic examiners working with the Sexual Assault Service will have an understanding of when and how to refer cases to Level 6 Sexual Assault Services/ tertiary hospitals. (See Appendix 8 for Sexual Assault Services role delineation)

Rationale:

- Timely and appropriate referral practices are an important component of high quality service provision.

9.26 Storage and destruction of Sexual Assault Investigation Kits (SAIKs)

Procedure:

Sexual Assault Investigation Kits (SAIKs) for which the client has not consented to the release should be kept for a maximum period of three months at the Sexual Assault Service unless separately discussed with the client and police.

The SAIK protocol contains a section on the final page that clients need to sign at the time of the examination if they are undecided about release of the SAIK to the Police. This section articulates the client's understanding that the kit will be destroyed in three months without further consultation, if they do not contact the Sexual assault Service within that three months and sign consent to release the SAIK to the police.

When SAIKS are destroyed a record will be made in the client's file of the date and reason for destruction.

Rationale:

- Keeping Sexual Assault Investigation Kits for long periods of time contributes to uncertainty on the part of victims and creates storage difficulties for Services.
- Keeping kits for long periods also delays timely commencement of a police investigation.

9.27 Testing for Drugs Administered by Assailant

Policy:

Where it is suspected that a drug has been administered unlawfully as part of the assault, toxicology screening for drugs other than alcohol can be conducted. The client must have a clear understanding of that a drug screen *may* reveal prior use of cannabis, opiates and stimulants for a period of up to three months prior to the presentation. The client must also understand that the screen will not identify how, when or how much substance was administered and that all of the results may be produced in court.

Drug screening will not be performed at the request of the police unless the above has been explained and the client still wishes to proceed.

The Adult Sexual Assault Protocol, which is contained within the SAIK, contains a separate consent for the collections of samples for a toxicology screening. Sexual assault forensic examiners should refer to the Adult Sexual Assault Protocol for guidelines in collection and storage of toxicology samples.

If the client seeks the screening for their own reassurance only, they can be offered screening provided by the hospital. Clients should be advised that police or others could potentially subpoena these results, should they become aware that a screen has been carried out.

9.28 Automatic issuing of medical certificates

Clients attending a sexual assault service in crisis should be provided with a medical certificate in order that they have the opportunity to take time off work/study activities in the immediate post assault period. This certificate will not detail that the client has been assaulted.

Rationale:

- Research indicates that the incidence of post trauma somatic symptoms including nausea, dizziness and sleep disturbance is very high following sexual assault.
- Due to a state of shock, victims may be unlikely to ask for such certificates. The issuing of medical certificates gives a message to victims that their experience is a serious one and that they are in need of support and care.
- Confidentiality regarding the circumstances of the trauma for the client must be maintained at all times.

SECTION 10

MEDICAL RECORDS AND REPORT WRITING

10.1 Adequacy of Content

Procedure

Details of the sexual assault will be recorded in the Sexual Assault Investigation Kit (SAIK) provided by the Sexual Assault Service when police action is anticipated. All relevant sections of the standardised protocol must be completed. Where clients are clear that they do not wish to report the assault to police, a separate form of record will be kept instead.

Protocols and other records will not be filed on a general medical record but will remain on sexual assault service files.

Rationale:

- Medical records may be used in legal proceedings and need to be accurately completed. The protocols provide a standardised format for recording information.
- The history of assault provided by the client is important in the interpretation of the physical findings.
- The use of a protocol for those adults who have definitely decided not to proceed with police action is not appropriate and should only be filled in when consent has been signed. The use of a separate form of record will not compromise preparation of a report if police action is subsequently chosen by the client.

10.2 Use of Adult Medical protocol for 14-16 Year olds

Procedure

If the physical maturity of the young person indicates, the Adult Sexual Assault Medical Protocol, rather than the Child Sexual Assault Medical Protocol, may be used in cases where the client is 14-16 years old. It is possible for the young person to give consent to the medical examination themselves although preferable for a parent/guardian to do so unless this is against the wishes of the young person.

It is not necessary for the consent for the release of information to be signed for those under the age of 16 years because of mandatory notification to DCS. A note will be

made in the protocol where the consent is usually signed to this effect. It is important that prior to the young person signing the consent to the examination that they are informed that this consent includes release to the police.

Rationale:

- As the young person is able to consent to the examination and is often physically mature, use of the adult protocol may be more appropriate.

10.3 Preparation of Legal Reports and Statements

Procedure

Statements prepared by medical practitioners will be provided in a timely manner and in a format acceptable as evidence in a court. Provision of medico-legal reports is the responsibility of the Area Health Service and as such is considered part of the process of conducting a forensic medical examination by doctors. This is an important role in the provision of services for the Sexual Assault Service.

Rationale:

- The appropriate format of medico-legal reports will be followed to ensure adequate presentation of material in court if necessary.

10.4 Forensic Register

Procedure

A register which tracks all forensic kits completed by the Sexual Assault Service will be kept and completed by all Services.

This register should indicate the name of the client, doctor and counsellor, date of examination and collection or disposal, name of person handing kit to police, name of police officer collecting the kit and whether consent to release the kit has been signed.

This register will be kept in a secure area.

Services will have documented procedures for disposal of forensic kits.

Rationale:

- Forensic protocols are significant legal documents. Tracking the movement and status of these documents is an accountability and quality assurance measure.

GLOSSARY

Case planning meeting: A meeting involving a number of agencies to develop, document and agree upon a recommended course of action for a person who has been sexually assaulted. The meeting should also involve the client where possible.

CHASP: The Community Health Accreditation and Standards Program. The CHASP standards for community health aim to define and describe the requirements for quality and effectiveness in community/primary health care services. A CHASP review assesses the extent to which a community/primary health care service has achieved the CHASP standards.

Child: Any person under 16 years of age, unless otherwise stated.

Consultation: The process of asking for clinical or other advice or counsel from another person who has expertise in a particular area or who has a stake in the issues.

Continuing education: All learning experiences, after initial or basic training, that assist people to learn or maintain concepts and skills relevant to their jobs.

Culture: The processes, categories and knowledge through which communities are defined and differentiated.

EQulP: Evaluation and Quality Improvement Program.

Evaluation: The process of making judgements about the effectiveness of programs and services, usually by assessing attainment of specified goals.

Forensic medical examination: An examination conducted to gather evidence for use in courts of law.

Interpreter: Accredited language or sign interpreters and persons experienced in the use of facilitated communication techniques for people with disabilities. NSW Health has its own language interpreter service, the Health Care Interpreter Service.

Investigation: A process for gathering information in response to a report about sexual assault by officers of the Department of Community Services or the NSW Police Service.

Notification: Information provided, in accordance with Section 22 of the Children (Care and Protection) Act 1987, by a person who forms the belief on reasonable grounds that a child has been abused, is in danger of being abused, or is in need of care.

Quality Improvement: A general movement within industry, government and trade unions, to improve the quality of goods and services being produced, thereby gaining greater competitiveness and improving overall economic performance.

Primary prevention refers to programs offered to the whole community (both children and adults) with the aim of stopping the abuse before it starts.

SAIK Sexual Assault Investigation Kit, protocol and forensic kit including appropriate slides and swabs for all medical examinations of clients who wish to report the assault to the police. The kit is given to the police and processed by NSW Health forensic laboratory.

Secondary prevention also refers to programs which target specific sections of the population considered to be more “at risk” of being abused, and specific sections of the adult population considered to be more “at risk” of abusing.

Section 23: Under this section of Children (Care and Protection) Act 1987, police officers and authorised officers of DCS may serve a notice on a person who has the care of a child requiring that person to present the child for a medical examination. This power may be exercised only if they believe on reasonable grounds that a child under the age of 16 has been abused. This power will only be exercised when it has been established, through direct contact with the parent, that the parent will not agree to the child’s medical examination.

Tertiary prevention refers to intervention to help those who have already been abused, with the aim of stopping further abuse and preventing the development of longer term difficulties.

(Source: Child Protection Council Interagency Guidelines, 1996; CHASP Manual of Standards for Community and other Primary Health Care Services, Australian Community Health Association, 1993.)

APPENDIX 1

CHARTER OF VICTIMS RIGHTS

Courtesy compassion and respect

A victim should be treated with courtesy compassion and respect for the victim's rights and dignity.

In formation about services and remedies

A victim should be informed at the earliest practical opportunity, by relevant agencies and officials, of the services and remedies available to the victim.

Access to services

A victim should have access where necessary to available welfare, health, counselling and legal assistance responsive to the victim's needs.

In formation about investigation of the crime

A victim should, on request, be informed of the progress of the investigation of the crime, unless the disclosure might jeopardise the investigation. In that case the victim should be informed accordingly.

Information about prosecution of the accused

A victim should, on request, be informed of the following:

- a) the charges laid against the accused or the reason for not laying charges;
- b) any decision of the prosecution to modify or not to proceed with charges laid against the accused, including any decision for the accused to accept a plea of guilty to a less serious charge in return for a full discharge with respect to the other charges;
- c) the date and place of hearing of any charge laid against the accused; and
- d) the outcome of the criminal proceedings against the accused (including proceedings on appeal) and the sentence (if any) imposed.

In formation about trial process and role as witness

A victim who is a witness in the trial for the crime should be informed about the trial process and the role of the victim as a witness in the prosecution of the accused.

Protection from contact with the accused

A victim should be protected from unnecessary contact with the accused and the defence witnesses during the course of court proceedings.

Protection of identity of victim

A victim's residential address and telephone number should not be disclosed unless a court otherwise directs.

Attendance at preliminary hearings

A victim should be relieved from attending preliminary hearings or committal hearings unless the court otherwise directs.

Return of property of victim held by State

If any property of a victim is held by the State for the purpose of investigation or evidence, the inconvenience to the victim should be minimised and the property returned promptly.

Protection from accused

A victim's need or perceived need for protection should be put before a bail authority by the prosecutor in any bail application by the accused.

In formation about special bail conditions

A victim should be informed about any special bail conditions imposed on the accused that are designed to protect the victim or the victim's family.

In formation about outcome of bail application

A victim should be informed of the outcome of a bail application if the accused has been charged with sexual assault or other serious personal violence.

Victim impact statement

A relevant victim should have access to information and assistance for the preparation of any victim impact statement authorised by law to ensure that the full effect of the crime on the victim is placed before the court.

In formation about impending release, escape or eligibility for absence from custody

A victim should, upon request, be kept informed of the offender's impending release or escape from custody, or of any change in security classification that results in the offender being eligible for unescorted absence from custody.

Submissions on parole and eligibility for absence from custody of serious offenders

A victim should, on request, be provided with the opportunity to make submissions concerning the granting of parole to a serious offender or any change in security classification that would result in a serious offender being eligible for unescorted absence from custody.

Compensation for victims of personal violence

A victim of crime involving sexual or other serious personal violence should be entitled to make a claim under a statutory scheme for victims compensation.

Compiled by the Victims of Crime Bureau from the Victims Rights Act 1996

APPENDIX 2

PRINCIPLES FOR WORKING WITH ADULTS WHO HAVE EXPERIENCED SEXUAL ASSAULT

Sexual Assault Service counsellors should be aware of the nature of sexual assault in order to provide effective intervention

Sexual assault is a crime for which the offender is solely responsible. It is commonly perpetrated by someone known to the victim. Sexual assault is an act of coercion that is frequently experienced by the victim as life threatening. Whether or not injuries occur, sexual assault is an act of violence. Some offenders use their positions of power or authority to assault those whom they can readily control, such as individuals with an intellectual disability. In the majority of cases, the offenders of sexual assault are men. Prevailing community attitudes and denial about sexual assault can exacerbate the shame and self blame victims experience and act as barriers to effective reporting and policing of sexual violence. Although the majority of victims are women, many men also experience sexual assault as adults.

Rapid responses are required by Sexual Assault Services

Commonly, adults present to services in the period immediately following an assault. Given that at the time of the assault most adults fear for their lives, this is an acute crisis period which warrants a prompt and coordinated response by the Sexual Assault Service.

Choice in relation to criminal justice action is important

Although sexual assault is a crime, it should always remain the choice of the victim as to whether they proceed with a formal complaint to police. Although the process of participating in a police investigation and court proceedings can be traumatic for victims, receiving formal recognition of the crime they have experienced may be extremely important. Workers are required to provide clear information in an unbiased manner to assist victims to decide whether or not it is in their interests to proceed with a formal complaint.

Intervention will take into account the nature of sexual assault

The impact of sexual assault is affected by factors such as the relationship of the offender and victim, the nature and duration of the assaults and the reaction of significant people in the client's network. Intervention with adults will aim to provide belief, support and assignment of responsibility to the offender, and will address the effects of shame and fear promoted by the offender or others.

The level of intervention will be based on an assessment of the impact of the abuse, including issues of self esteem, betrayal of trust and the ability of the client to engage in counselling.

Counselling models will avoid replicating the power imbalance in abusive relationships.

A philosophy of empowerment of the client is important. This approach does not assume that clients are already empowered in terms of asserting their needs prior to intervention, but recognises that a shift towards experiencing a sense of control over their experience and lives is an important a process for clients.

Non-offending family members/partners/significant others are important in the client's recovery

Responses to victims by partners, family members or significant others in their network are extremely important to the client's wellbeing and can facilitate recovery. Conversely, their responses can sometimes be unhelpful. In consultation with the victim, it may be appropriate to include members of the client's network in counselling sessions to assist them to provide useful support to the client.

A range of responses will be used by services

People who have experienced sexual assault may need to access support through a range of modalities. Individual counselling is an important service to offer to victims. However, research supports the fact that victims who receive intervention through a range of modalities have fewer long term traumatic symptoms. Other means of intervention will also be developed and offered. Where possible services should develop interventions which make use of written resources, therapeutic groups, information sessions and couple/family counselling.

Guidelines for Intervention

INITIAL CONTACT WITH PEOPLE WHO ARE VICTIMS OF SEXUAL ASSAULT

- Convey to the client your role in supporting them.
- Ensure that appropriate action has been taken to address the safety of the client.
- Offer crisis counselling and support (including practical information and assistance) to assist the client to deal with the crisis.
- If a medical examination is appropriate, the medical officer will clearly explain the nature of the examination to the client, including the right to have a support person present.
- Assist the client to identify the impact of the assault and to identify the assistance they require to overcome the effects
- Provide appropriate and clear information to the client about:
 1. the role of the Sexual Assault Service
 2. its relationship to other agencies
 3. the release of information about the client
 4. the legal process
 5. community resources (eg support groups).

ONGOING CONTACT

- Ensure that there is a clear agreement about the issues to be addressed in counselling, including how often you will meet, agreements about telephone contact, indicators that counselling has progressed and when it should be reviewed. This is the counselling contract.
- Intervention will be on the basis of a cooperative effort between the counsellor and the client. The focus will be on empowerment of the client so that they do not continue to experience the loss of control that sexual assault can engender.

Initial intervention with victims will not be seen as necessarily resolving all issues which may arise from the assault. Involvement with the court process or relationship developments can raise new issues. The client will be encouraged to re-contact the service as required.

CONCLUSION OF CONTACT

- Counsellors will plan for the reduction and conclusion of contact with a client.
- A review should be undertaken of the goals which were initially set down in the contract between the counsellor and the client. This review should ensure that issues have been adequately addressed and that all relevant information and resources required have been offered.
- Any outstanding medical or legal issues will be addressed prior to completion of the contact or arrangements made to address these issues at a later date e.g. returning for court preparation.
- Thought should be given to scaling down contact with a client over a period of time.
- An invitation should be made to the client to recontact the service in the future, should they wish to do so.

SEXUAL ASSAULT WHERE THE OFFENDER IS UNKNOWN TO THE CLIENT

While many assaults are committed by a person known to the victim, adults can also be victims of random assaults by people they do not know. The nature of these assaults are usually different to assaults by known offenders and raise a different set of issues.

Nature of assault

- These assaults are typically one-off opportunistic assaults which may or may not be reported immediately.

Issues to consider

- Confidentiality - there is greater likelihood of community awareness or even media coverage of the assault, and the lack of confidentiality may be an issue for the client.
- Involvement of the police - such assaults are more likely to be reported to the police, but it is less likely an offender will be identified or located.
- Those adults whose assaults involved physical harm are particularly likely to experience an ongoing sense of fear and an overwhelming frustration that the offender will never be brought to justice.

- Where the assault was occasioned by an abduction, or a weapon was used, the client has experienced an even greater level of fear that they were at risk of being killed.
- Clients who have been drugged by their assailants will have additional concerns that need to be addressed. These will include:
 - concerns about the drug(s) used, especially if they were injected;
 - confusion and fear about what occurred if the client has little or no memory of the assault;
 - fears that multiple perpetrators were involved or that they may have been filmed or photographed.

MULTI-VICTIM CASES OF SEXUAL ASSAULT

Cases where one or more offenders assault a number of victims are not unusual. These are complex cases with some unique issues to consider.

Legal Issues:

- Where these cases proceed to court, attempts will be made by the defence to argue collusion and contamination of evidence.
- Group work with adults who have been assaulted by the same person will not be offered until after court.
- Where the offender was in a position of responsibility for the person, such as in an institution, there may be a high level of denial and there may be attempts by some in the community to support the offender and scapegoat the victims. This can set up considerable conflict within a group or community and should be anticipated and managed.

APPENDIX 3

CIRCULARS AND DOCUMENTS REFERRED TO IN THIS MANUAL

(Most Departmental Circulars are available on the NSW Health Intranet)

- Circular 89/13 - Disposal of Medical Records
- Circular 92/20 - Guidelines for Counselling Associated with HIV Antibody Testing
- Circular 94/10 - Standard Procedures for the Use of Health Care Interpreters
- Circular 97/27 - HIV Antibody Testing for Pregnant Women
- Circular 98/100 - HIV Aids and Confidentiality : A guide to legal requirements
- Circular 96/2 - Recommendations of Service Providers to Patients by Staff of Health Organisations
- Circular 96/34 - Information Privacy Code of Practice
- Bulletin 97/35 - National Management Guidelines for Sexually Transmissible Diseases and Genital Infections
- Circular 97/58 - Incidents reportable to the Department
- Circular 97/80 - Procedures for Recruitment and Employment of Staff and Other Persons - Vetting and Management of Allegations and Improper Conduct
- Circular 97/97 - Critical Incident Manual - Policy and Guidelines
- Circular 97/135 - Notification of suspected child abuse and neglect and exchanging information in child protection investigations

Circular 98/29 - Subpoenas

Circular 98/31 - Policy Guidelines for the Management of Patients with Possible Suicidal Behaviour for NSW Health Staff and Staff in Private Hospital Facilities

Circular 98179 - Principles and Minimum Standards for the Development of Health Service Codes of Conduct

Circular 98/106 - Management of Non-occupational Exposure to Blood Borne and Sexually Transmissible Diseases

Most information covered by the above circulars, can be found in the Patient Matters Manuals (Volumes 1 and 2).

NSW Health Information Privacy Code of Practice, NSW Health, 1998.

Safety and Security Manual - Minimum Standards for Health Care Facilities, NSW Health, September 1998.

Managing Sex Offenders, NSW Child Protection Council, 1996.

Interagency Guidelines for Responding to Adult Victims of Sexual Assault, NSW Police Service, NSW Health Department, Office of the Director of Public Prosecutions, 1995.

Counsellors and Subpoenas : Women's Legal Resource Centre, 1996.

Counsellors and Subpoenas: The New Law - A guide for all counsellors and professionals who provide confidential counselling.

Nothing but the Truth, Education Centre Against Violence, 1995. Caught Out: Education Centre Against Violence, 1989

NSW Government - Action Plan for Women, Department for Women, 1996

Victims Impact Statement Package - DPP & Victims of Crime Bureau, 1998 NSW Health

Victims of Crime Manual, 1998

Abuse of Older People: Interagency Protocol, October 1995, Ageing and Disability Department

Health Services Act 1997.

National Standards of practice manual for services against sexual violence

National Association of services against sexual violence project team, 1998

In the event that any of the circulars referred to in this document become superseded, the replacement circular will be adhered to.

APPENDIX 4

OBTAINING SUBSTITUTE CONSENT FOR MEDICAL/FORENSIC PROCEDURES

(USE OF THE GUARDIANSHIP TRIBUNAL)

When a person is unable to consent to treatment, substitute consent may be obtained, in the first instance from the “person responsible”. If the person responsible cannot be located, or is unwilling to respond, substitute consent may be sought from the Guardianship Tribunal.

Consent From the “Person Responsible”

In all cases where the person is not capable of giving informed consent to a medical procedure, including examination, the “person responsible” should be approached for consent. The term “person responsible” has replaced “next of kin”.

The categories of “person responsible” (in order of significance) are as follows:

- a) A legally appointed guardian with the function of consenting to medical or dental treatment
- b) A spouse or defacto spouse where there is a close, continuing relationship
- c) A carer who provides or arranges for domestic support on a regular basis and is unpaid
- d) If a person is in residential care, then the person who was previously the carer should be contacted)
- e) A close friend or relative, where there is both a close personal relationship through frequent personal contact and a personal interest in the patient’s welfare on an unpaid basis.

If there is no “person responsible” (or if that person cannot be located or cannot/will not respond), the doctor may provide minor medical treatment without consent and note this on the patient’s medical record.

ONLY THE GUARDIANSHIP TRIBUNAL MAY GIVE CONSENT FOR MAJOR MEDICAL TREATMENT IF THE PERSON OR “PERSON RESPONSIBLE” OBJECTS.

Consent From The Guardianship Tribunal To Perform A Forensic Examination

If there is no “person responsible” (or if that person cannot be located or cannot/will not respond), substitute consent from the Guardianship Tribunal to perform a forensic examination may be needed for the following:

- i) an unconscious patient where there is a suspicion of sexual assault and the patient’s condition is too serious to wait for her/him to regain consciousness;

- ii) a patient with a psychiatric condition who has complained of sexual assault and who is willing to be examined but who (owing to thought disorder) does not have the capacity to consent to the forensic examination;
- iii) a patient with an intellectual disability who has complained of sexual assault and who does not have the capacity to give informed consent.

To Release SAIK Information

Separate consent from the Guardianship Tribunal must be obtained for release of the Sexual Assault Investigation Kit (SAIK) if the patient remains unable to consent.

To Provide Therapeutic Treatment

Guardianship Tribunal consent is NOT required when the treatment proposed by the Sexual Assault Service is minor, such as:

- examination and prescription of appropriate medication, e.g. prophylactic antibiotics, morning-after pill;
- administration of Hepatitis B vaccine.

The treating doctor must CERTIFY in the client's medical records that:

- I. the treatment is necessary
- II. the treatment will successfully promote the person's health and wellbeing
- III. the client is not objecting.

Guardianship Tribunal consent IS required if the client is objecting and you consider that the treatment is necessary to promote her or his health and wellbeing.

GUARDIANSHIP TRIBUNAL CONTACT TELEPHONE NUMBERS

Normal Working Hours (02) 9555 8500:

Ask for the inquiry officer and, after discussion, fax through your request on an application form, indicating the urgency of the request.

After Hours (02) 9555 8500:

The person who takes the call will give you the number of a paging service and a pager to send a message to the on-call presiding member. After consultation with the other Tribunal members, the presiding member will call back with a decision. The decision will be confirmed in writing at a later date.

Adapted from: The Doctors Response to Rape: A Training Manual for Medical Practitioners - 1997, Education Centre Against Violence

APPENDIX 5 - SAMPLE FACT SHEET ON STDS

Sexually Transmissible Diseases and Sexual Assault

A Fact Sheet for People who have been Sexually Assaulted

Following an experience of sexual assault it is usually important to have tests for sexually transmitted diseases. This is a part of the counselling and medical care the Sexual Assault Service offers. The only way to know if you are clear is to be tested.

What are sexually transmissible diseases?

Sexually transmissible diseases (STDs) are just that - any infection that can be passed on through oral, anal or vaginal penetration. Most STDs can be treated easily but if left untreated can cause problems. Some serious and yet treatable diseases are 'silent', that is without symptoms.

What are the risks of contracting an STD as a result of a sexual assault?

The risk of contracting an STD after sexual assault is low. However in most cases the health of the assailant is not known. This makes it difficult to estimate the risk.

What would increase my risk?

There are some factors that will increase the risk of contracting an STD from sexual assault. For example oral penetration is low risk for most STDs. Vaginal or anal penetration increase the risk for contracting chlamydia, hepatitis B and gonorrhoea. Anal penetration is also associated with an increased risk of HIV.

Can I be treated now?

In most instances treatment without a clear diagnosis is not recommended as it has not been shown to be effective. The doctor assessing you will determine your risk and advise on any treatments that may be of use.

What about HIV?

Though many people are concerned about contracting HIV/ AIDS as a result of an assault, this is very unlikely. HIV has the lowest risk rate of any of the possible STDs after sexual assault. At the current time the prevalence of HIV in the general community is low (this includes sexual assault assailants).

Even if the assailant is HIV positive, the risk of contracting HIV is still low. The likelihood of becoming HIV positive from a single episode of vaginal intercourse with a person who has HIV is one (1) in 10,000 to nine (9) in 10,000. In the many years that Sexual Assault Services have been offering HIV testing, no cases of HIV have been diagnosed which have been contracted as a result of the sexual assault.

How can I find out if I have an STD?

Most STDs cannot be detected until at least 72 hours after the assault. Others take up to three months before tests are conclusive. Testing before 72 hours is too early to tell if an infection has been passed on from the assault. Testing at the time of your first visit is not routine unless you think you may have already had an infection.

Whether or not you have initial STD testing, three follow up visits will be necessary to complete all screening and ensure that you have no infections. These should occur at the following intervals:

- first follow-up (10 - 21 days)
- second follow-up (4-6 weeks)
- third follow-up (3 - 4 months)

In the meantime, if you want to have sex, it is best to practise safe sex (ie use condoms and other barriers or non-penetrative sexual activity). Should you have any questions or develop any unexplained symptoms between visits, contact the Sexual Assault Service.

APPENDIX 6

RISK FACTORS AND POSSIBLE MEDICATIONS FOR STD

The following table indicates risk following sexual exposure to a person known to be infected with the listed infection. This should be made very clear in using this data to inform a client. There is no evidence that sexual assault assailants have higher rates of STD than the rest of the population.

Risk of STD transmission per individual sexual exposure with a person who has the infection

Infection	RISK PER SEXUAL EXPOSURE
Hepatitis B Virus 1	
- e AG negative	1%-6%
- e AG positive	22% - 40%
Gonorrhoea 2	
- female to male	20%
- male to female	likely to be >20%
Syphilis 2	30%
Chlamydia*	10-13%
HIV	
Receptive anal intercourse	0.1%-3%
HIV	
Receptive vaginal intercourse	0.1 %-0.2%
HIV	
Insertive vaginal intercourse	0.03%-0.09%
HIV	
Insertive anal intercourse	No published per-contact estimates of risk, but estimated to be at least as high as for insertive vaginal intercourse

* *This figure is for infection rates shown in studies where women were tested for STDs after sexual assault by a male assailant. However the detection of the chlamydia in this group probably reflects pre-existing rather than new infections.*

1. Sepkowitz KA, Occupationally acquired infections in health care workers. *Annals Internal Medicine*, 1996;125: 91 7-928.
2. Holmes KK, Mardh P-A, Sparling PF, Wiesner PJ (Eds) *Sexually Transmitted Diseases*, Second edition, McGraw Hill NY, 1990.
3. Mijch, A, ASHM Discussion Paper on Post Exposure Prophylaxis(PEP) in individuals exposed to HIV via sexual exposure or injecting drug use, *Noah's Arc*, 1 998;9(2)

Factors which the scientific literature suggests may increase the risk of STD infection following sexual assault include:

- high background prevalence of STDs in the community
- type of assault eg. penetration, site, ejaculation, trauma
- multiple assailants
- knowledge of the assailant eg.
 - country of origin prevalence of STDs
 - apparently serial assailant
 - incarcerated assailants
 - known to be infected with an STD
 - male victim.

In cases of assessed high risk, the following medication may be considered for the listed STD:

Chlamydia - Azithromycin 1g po stat

Gonorrhoea - Ciprofloxacin 500mg oral stat/Ceftriaxone 250mg IMI stat (if the assailant is from overseas contact the local sexual health service for advice on treatment)

Syphilis - Benzathine Penicillin 1.8g stat

Hepatitis B Virus - HBIG stat

HIV- ZDV/3TC+I- IDV (Complex regime of unproven efficacy has a high likelihood of short term side effects with uncertain long term side effects.) Treatment should be commenced after assessment of risk in accordance with Circular 98/1 06 and consultation with a medical practitioner with expertise in HIV medicine.

Most of these are single dose medications and well tolerated so compliance is high. However, the ease of administration of medication should not alter the assessment of risk for STD and benefits of prophylaxis. There is no single medication that can adequately provide prophylaxis against all STDs.

The local sexual health service should be consulted for information on local prevalence, resistance rates and drugs of choice.

Where any of these medications are prescribed, the client must receive pre medication counselling and if appropriate pre and post test counselling from a qualified person.

APPENDIX 7

SAMPLE INFORMATION SHEET ON POST COITAL PROPHYLAXIS

THE POST COITAL CONTRACEPTIVE PILL

HOW IT WORKS

The post coital contraceptive pill can be taken up to 72 hours after the assault but the earlier it is taken the more likely it is to prevent pregnancy. It consists of two tablets of a high dose contraceptive pill taken as the first dose and then repeated exactly twelve hours later. It works by either delaying the release of the woman's egg in the first half of the cycle or preventing the implanting of the fertilised egg in the second half of the cycle.

POSSIBLE SIDE EFFECTS

Nausea and vomiting are side effects of this medication. To reduce this you have been given anti-nausea pills to take with the post coital contraceptive pills. You take one of the anti-nausea pills with each dose of the hormone pills. You can take an extra anti-nausea pill if necessary between doses and on the following day.

You may also get breast tenderness, headache and light bleeding in the couple of days following the post coital contraceptive pill, but these symptoms will usually disappear after 48 hours and require no treatment. The light bleeding some women have is not a normal period.

PERIODS AFTER THE POST COITAL CONTRACEPTIVE PILL

Your period could be early, late or on time after taking the post coital contraceptive pill, but most women have a period within three to four weeks of taking it. The morning-after pill is not 100% reliable. If you have not had a period within four weeks of taking the post coital contraceptive pill, it is **NECESSARY** to report back to either your family doctor or the Sexual Assault Service doctor and have a pregnancy test done because you could be pregnant.

The post coital contraceptive pill will not affect a pregnancy present before the assault.

IF PREGNANCY OCCURS

There is a very small risk that a pregnancy occurring after the post coital contraceptive pill could happen in one of your tubes instead of in your womb. This means that a pregnancy test is **VERY IMPORTANT** if there is any suspicion of pregnancy.

If you have become pregnant as the result of the assault or if you are pregnant and you are not sure if it was from before the assault, you could come back to see the sexual assault doctor or your own family doctor to discuss any action you might want to take.

*PINK PILLS (HORMONES) 4 TABLETS
TAKE 2 AND REPEAT IN EXACTLY 12 HOURS eg 11pm and 11am.

*WHITE PILLS (FOR NAUSEA) 6 TABLETS
TAKE 1 WITH EACH DOSE OF HORMONE TABLETS.
IF FEELING SICK, TAKE AN EXTRA WHITE TABLET 6 HOURS LATER. DO NOT
TAKE MORE THAN 3 WHITE TABLETS IN ONE DAY.

CALL THE SEXUAL ASSAULT SERVICE ON 9926 7580 OR 9926 7111(AIH) AND
ASK TO SPEAK TO THE SEXUAL ASSAULT DOCTOR IF YOU HAVE ANY
PROBLEMS.

Adapted from Royal North Shore Sexual Assault Service Information Sheet July, 1998

APPENDIX 8

SEXUAL ASSAULT SERVICES ROLE DELINEATION

LEVEL	DESCRIPTION
0	No service.
1	No planned service. Able to provide initial treatment or support prior to referral to designated Sexual Assault Service. Able to assist with transport to referral centre. Formal link with a Level 4 Sexual Assault Service with policies and procedures in place for referral developed in consultation with Level 4 service. Quality assurance activities. Interpreters as per Circular 94/10. Staff trained in relation to recognition and notification as per 97/135. Copies of Recognising and Notifying Child Abuse and Neglect, Procedures for Front Line Health Professionals & A Policy for Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. Copy of Interagency Guidelines for Child Protection Intervention available and all relevant staff aware of and adhere to all documents.
3	As Level 1 plus specialist counselling staff providing follow up counselling for victim and for non-offending family members. This includes individual, group and family counselling. No after hours medical service. Able to assist with transport to Level 4. Formal links with Level 4 for 24 hours crisis counselling and medical care. May provide follow up medical care. Formal quality assurance program. Program of community education and professional training provided to other relevant Health workers. Training in and adherence to Child Protection Policy and Procedures Manual and/or Sexual Assault Service - Policy and Procedures Manual for Adults and relevant interagency protocols. Services without Coordinators must receive supervision and support from Level 4 or Area Sexual Assault Coordinator. May be based in hospitals or community health centre with access to hospital facilities. Pathology Level 1.

- 4 As Level 3 plus 24 hour service with counsellor and medical officer on-call. Designated Coordinator of service. Has medical officer trained in the care of sexual assault victims, including completing forensic protocol. Designated area in Emergency Department or elsewhere in hospital for crisis care, with support services as for Level 3 Emergency Services. Access to specialist care including mental health, surgery, gynaecology and drug and alcohol services. Program of community education and professional training. Adherence to Child Protection Policy and Procedures Manual and/or Sexual Assault Service - Policy and Procedures Manual for Adults and Interagency Guidelines for Child Protection Intervention and/or Interagency Guidelines for Responding to Adult Victims of Sexual Assault.
- 6 As Level 4 plus conducts research. Extensive program of community education and professional training and teaching. Specialist medical staff available for consultation. Colposcope for children available. Accepts referral from Level 4 for specialist medical assessment. Clinical pathology available. Medical officer and paediatric sub-specialists available for consultation. Paediatric level 6 and paediatric surgery level 6 on site. For adults, gynaecological surgery not able to be performed at Level 4. Provide peer review for medical practitioners.