

WESTERN AUSTRALIAN FEDERATION OF SEXUAL
ASSAULT SERVICES (WAFSAS) FORUM
4 October 2005, Perth

SARC, Sane and Sensible

By Dr Maureen Phillips, SARC

Sexual Assault Services and Future Directions

Sexual Assault Resource Centre

30 years on...

- SARC opened on 5th January 1976 and the R was “Referral”
- Initially located at Sir Charles Gairdner Hospital in the ED
- Female doctors provided medical service and counselling provided by hospital social workers and ‘lay’ counsellors
- Forensic services in close proximity
- 1986 – relocated to a community ‘house’ on the campus of KEMH
- 1990’s increasing professional background of counsellors (social work and psychology)

SARC 30 years on...

- Development of SARC case, manual and forensic kits to assist regional services
- 2003 – Gordon Inquiry initiatives to reinstate Education and Training Services and create Aboriginal Liaison Officer position
- Funding for new premises on WCHS site
- 2005 DoH circular requiring hospital EDs to ‘ensure provision of medical, forensic and counselling services’ to people who allege recent sexual assault

1976 – Objectives of SARC

‘ To provide sympathetic and appropriate treatment and care for the physical, social and emotional needs of victims of sexual assault. This treatment and care should be made available until the resolution of any problems arising from the assault.

At the victim’s request, to assist the Police and Crown Law Department in the apprehension and conviction of the assailant, especially in the collection and presentation of evidence.

To promote greater community understanding and involvement in the problems of sexual assault.’

SARC 2004/05

- 24 hour emergency medical, forensic and counselling service to patients aged 13 years and over who allege sexual assault within the previous 2 weeks
- 24 hour crisis and counselling line
- Individual and group counselling for past or recent sexual assault or abuse
- Education and Training service
- Aboriginal Liaison

Access to SARC Services

- Referrals from Emergency Depts, Police, GPs, schools, other agencies, friends/relatives and self referral
- Emergency service mainly based at SARC, but team available to visit EDs, hospitals and prisons across metro area
- Counselling outreaches
- Indigenous culturally appropriate services where possible

Education and Training

- Reinstated 2004
- Calendar of events

- Training for police recruits and detectives, schools, agencies, regional and remote services and indigenous communities

- Regional workshops in Northam, Albany, Bunbury, Warburton, Geraldton

Prevalence of Sexual Assault

- 1 in 3-4 females and 1 in 6 males report childhood sexual abuse to interviewers

- 1 in 6 adult females and 1 in 10-20 adult males claim sexual assault

(Fergusson and Mullen 1999)

SARC Statistics 2004/05

Emergency cases 368

- Female 351 (95%)

- Male 17 (5%)

- Age < 16 years 34 (9%)

- Aboriginal 38 (10%)

- Forensic Specimens 231 (62%)

- Police involvement 211 (57%)

- Uncertain about police reporting 64 (17%)

- Certain about NOT reporting 93 (25%)

- Numbers actually reporting to police ???

Sexual assault forensic services across WA

- WAFSAS provide counselling, support and advocacy in Perth and regional centres

Who provides medical/forensic services in regional centres?

- GPs

- Regional ED doctors

- Nurses??

- Requirement of ED to ensure medical and forensic service provision

Medical Workforce Issues

- Lack of GPs and specialists across Australia, but particularly regional WA

- Reliance on overseas trained doctors who are less likely to be familiar with
- forensic issues relevant to this jurisdiction
- Staff turnover/lack of stable medical workforce
- Need for repeated training to maintain knowledge base
- Lack of experience in clinical forensic and sexual assault medicine

SANE and sensible???

Is there a role for Sexual Assault Nurse Examiners?

Sexual Assault Nurse Examiners

- My place is neither to advocate for SANE nor to argue against the utilisation of nurses in a forensic role for sexual assault examination
- Stimulate discussion
- Recommend certification and ongoing accreditation for SANE

Role of SANE in the USA

- Ref: 'A National Protocol for Sexual Assault Medical Forensic Examinations'
Sept 2004
- Role in sexual assault services in the US and Canada for several decades
- Registered nurses who receive specialized education and fulfill clinical requirements of performing sexual assault examinations
- Certification by International Association of Forensic Nurses

NSW Health

- Training of nurse forensic examiners after NSW government commitment in 2003
- Concern of AMA and request of a review of the SANE model prior to its introduction
- Lack of funding and positions for doctors in sexual assault medicine in NSW

Training in Australia

■Option 1

5 years previous experience in midwifery, sexual health or family planning

1 week intensive course run by VIFM

Experience in buddy system – see 5 cases, do 5 cases

28 nurses have just completed course

■Option 2

Graduate Certificate in Nursing (Forensic)

Monash University

Distance education

4 subject areas over 1 year

Benefits of SANE

■Useful role particularly in regional and remote areas

■Greater stability of nursing staff in regional centres

■US reports of prosecutors and the police finding nurses readily available to attend court and providing adequate quality of evidence

■Nurses practitioners able to function independently in certain settings

■Expert witness status in court determined by individual qualifications and experience

■Less 'expensive' than doctors

■May be trained staff in regional EDs working with sexual assault counsellors and ED medical back-up

Disadvantages of SANE

■Shortages of nursing as well as medical workforce

■Adequacy of ability to assess significant injury (reported in approx 5% of sexual assault cases)

■Adequacy of training (-is one week enough?)

■Adequacy of ongoing experience

- Ability to support isolated SANE and maintain accreditation
- Can 'expert witness' status stand up against that of a potential forensic physician called for the defence?
- Increasing requirements for post-graduate qualifications for doctors working in sexual assault medicine

SANE and sensible?

- Option for consideration especially for regional and remote centres
- May help to provide better access to forensic services
- Essential to have adequate qualifications and ongoing experience
- Complement existing services