

### Interagency sexual assault protocols

This section provides an overview of some of the protocols that guide state and territory health care and service responses to victims of sexual assault. It is by no means a definitive record of all of the documents, agreements or inter-agency guidelines that may exist between services around the country. However, it does offer some useful guidance for distinguishing the various formal approaches that have been designed and introduced to govern medical and health care responses in various contexts. Under-represented in this overview is an appreciation of the less formal agreements that exist, and the variety of other relationships that have been established between community services and health care providers with more marginalised groups and communities, but that remain unrecorded or unpublished.

The following table of interagency sexual assault protocols is supplemented with commentaries provided by services to ACSSA as part of its review of rural and regional responses to sexual assault (See Briefing Paper 3, *Responding to sexual assault in rural communities*, by Neame and Heenan 2004). A sample of services in both large regional settings and in smaller remote or isolated regions of Australia were asked to reflect on the particular challenges they faced in terms of being able to offer victim/survivors the services set out in interagency protocols designed for state wide application (Neame and Heenan 2004). The author of this review spoke further with workers in other service contexts to gain a wider appreciation of how different state and territory protocols worked in practice.

The table is divided according to the formal protocols that currently operate in individual states and territories, and are designed to identify areas of common ground. The documentation gives attention to whether specific reference is made to both sexual assault and family and domestic violence, the extent to which the protocols differ for disclosures in relation to recent or past assaults, and the influence that access and equity issues, such as cultural and ability-based barriers including language and the use of interpreters, may have had on the content of protocols. These issues are highlighted in more detail in the commentary following the relevant table sections, rather than in the tables themselves.

The table itself specifies: the name of the protocol or document; year of introduction and whether any subsequent evaluation or review; the agencies who are party to the protocol; characteristics of victim/survivors for whom the protocol guides service (such as age, gender); training nominated for workers, or for implementation or induction, cross-agency awareness, or community education purposes; and specific approach governing the delivery and approach to forensic/acute care following recent sexual assault.

The level of detail presented in the final column has been included to highlight the variation in how forensic evidence or samples are collected and maintained. These are important differences given that they tend to circumscribe the options available to victims of recent sexual assaults, especially with regard to making a police report. For example, in Victoria, a forensic examination will only be undertaken where the victim has indicated her willingness to make a formal statement to police. In South Australia, a forensic examination will be offered and the samples properly collected and stored, for up to six months while the victim/survivor decides whether to go ahead with a police report. In some remote areas, forensic samples cannot be maintained at all unless there is lockable refrigeration on site. To this end, we detail the scope of the general practice in each state and territory.

## New South Wales

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics	
NSW Interagency Guidelines for Responding to Adult Victims of Sexual Assault (Current status: in draft) State-wide guidelines	Draft version 2003	NSW Police NSW Health NSW Office of the Director of Public Prosecutions (ODPP). <b>Parties mentioned:</b> NSW Rape Crisis, Multicultural Agencies and Aboriginal Services and Victims support agencies such as the Victims of Crime Bureau.	Does not specify an age but refers throughout to “adults” Nominates partners/family members of sexual assault victim/survivor “where appropriate”.	NSW health offers “preventative and educational programs for workers and communities” (p 7).	<b>Forensic Examiner</b> New South Wales Health employees/ Sexual Assault Service (SAS) doctors.  Forensic photography usually carried out by police personnel.	<b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> government sexual assault services that are attached to local hospitals.  <b>Holding time for specimens</b> 3 months at the SAS in a lockable refrigerator.  Consent forms for release of SAIK to police, release of SAIK to Division of Analytical Laboratories (DAL), permission to destroy forensic evidence if no legal action to be taken at three months are contained in the SAIK.

The status of the inter-agency protocol in New South Wales remains in draft at this time so there is limited information about how well the state’s Health services, police and the public prosecutions office will coordinate this formalised approach to responding to reports of sexual assault. The document outlines the roles and responsibilities for each of the key agencies and makes general statements about the need for interagency collaboration. However, there are no specific guidelines to address how each of the key agencies might coordinate an appropriate response. Rather, the guidelines distinguish how each agency should undertake their exclusive role in responding to sexual assault. Appended to the guidelines is a copy of the Victims Rights Act 1996, or the Charter of Victims Rights. The guidelines also contain details of the Sexual Assault Investigation Kit (SAIK). Unlike Western Australia (see below), New South

Wales police will arrange urgent transport for a victim of sexual assault to the local sexual assault service where “urgent medical attention is required” (*New South Wales Interagency Guidelines: 11*).

Other protocols referenced in the guidelines that provide assistance to agency personnel: New South Wales Police Investigation and Management of Adult Sexual Assault and standard Operating Procedures; Office of the Director of Public Prosecutions Policy and Guidelines. Local Coordination Committee Meetings, Sexual Assault Review Committee (SARC), and the NSW Adult Sexual Assault Interagency Committee, each of which has a role in liaison and reporting in respect of sexual assault matters, are described briefly in the guidelines.

## Queensland

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics
Interagency Guidelines for Responding to Adult Victims of Sexual Assault Statewide guidelines	2002	Queensland Health including public hospitals, GMOs, GPs and a network of specialist sexual assault services – govt and NGO. Queensland Police Service Office of the DPP, also Department of Families Dept of Aboriginal and Torres Strait Islander Policy Office for the Adult Guardian and Legal Aid Queensland.	Applicable within the context of non-consensual sexual activity between adults and apply to those victims aged 16 years and over. Section 1.3 <i>Young victims aged less than 16</i> sets out authorities for contact in the event of contact with a victim aged less than 16 years.	GMO provides regular training to police on Forensic and Medical aspects of Sexual Assault and also to the DPP upon request. Sexual assault services also provide training.	<b>Forensic Examiner</b> Government Medical Officer (GMO)  <b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> Government Medical Office <b>Holding time for specimens</b> 3 months Consent forms for: • consent to medical examination • release of information to police Request form for: • Results of medical tests to be sent to nominated practitioner or other.

There are approximately 29 services, statewide, that provide specialist sexual assault responses, and 17 of these are non-government organisations; however, there is no single peak body representing all sexual assault services in Queensland. Nonetheless, the Guidelines apply across the state and have the potential to capture a wide range of services given the protocols encourage interagency collaboration, the need for the development of local protocols and the importance of establishing local services relationships.

The Guidelines also point to the importance of relationships with allied agencies such as the Department of Aboriginal and Torres Strait Islander Policy and with family and domestic violence services. The Guidelines state the need for training to “highlight [the] respective roles and objectives” of parties to the protocol in joint training. The Guidelines also indicate that input from “relevant local services” should be sought in training.

## South Australia

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics
Medical Care for Sexual Assault Victims Information and forms provided to doctors by Yarrow Place.	1999	Not specified but refers throughout to relevant professional organizations. Mainly in-house type documentation except where relates to rural practitioners.	Not specified except to say that Yarrow Place provides services for people aged 16 years and over. For rural service providers consulting with Yarrow Place – those over 16 years old. Provides referral information and procedures for under 16 years old and for those 16-18 years where there are specific child protection issues.	Professional education in all aspects of sexual assault medical, forensic and support services provided by Yarrow Place.	<b>Forensic Examiner</b> Yarrow Place doctor  <b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> Yarrow Place <b>Holding time for specimens</b> 3 months at Yarrow Place and a further 3 months at the Forensic Science Centre.

Yarrow Place Rape and Sexual Assault Service describe their service framework as according with both the letter and the spirit of the National Standards of Practice. However, they far exceed the bounds of the national standards in terms of the delivery of health care services to victims and survivors of sexual assault. Yarrow Place provides extensive documentation and information to doctors responding to sexual assault. They also employ specialist medical staff to work “on site” at the service. Included in the information pack are practical tools such as checklists, request forms and pro forma letters (for example, for workplaces) that doctors can easily adapt in supporting individual women, as well as documentation, ranging from referral information, how to access interpreters, and dealing with child protection issues. Consent forms must be obtained with respect to: the release of confidential

information, verbal translation, and other documentation regarding forensics issues. A unique feature of the Yarrow Place document is the information regarding referrals from correctional services prisons.

Their relationship with police is only partially formalised through a memorandum of understanding; however, at this stage the Memorandum of Understanding does not extend to standardising the coordination of the police response at an operational level. In other words, the police are not subject to working within the parameters of guidelines that formalise the precise manner in which police will respond to reports of sexual assault, nor does it prescribe how police will coordinate their response with counsellors or doctors who deliver services at Yarrow Place.

## Western Australia

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics	
Sexual Assault Resource Centre, Perth. Located at King Edward Memorial Hospital, which forms part of the campus of the Women's and Children's Health Service. Management of Alleged Recent Sexual Assault: Information for Metropolitan Emergency Departments.	2003	This document is a guide to metropolitan Emergency Departments (EDs) and their interaction with Perth SARC. The SARC has no ED facilities for medical, psychiatric, or obstetric emergencies.	13 years and over for medical and or forensic assessment if the alleged assault occurred less than 2 weeks ago. If the assault was more than 2 weeks ago and medical issues have been addressed victim/survivors are referred to the 24 hour SARC counselling line 9340 1899.	Medical and forensic training is provided by SARC doctors to police and relevant community and Health Dept. agencies. Police receive training at academy level for both recruits and detectives. Tailored training is provided to communities by arrangement with SARC. Training is also provided by SARC doctors to remote area community workers, and information and assistance is provided to remote area communities situated along the WA/NT/SA border regions. Education is provided to doctors and medical students	<b>Forensic Examiner</b> SARC doctor	<b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> Perth SARC. <b>Holding time for specimens</b> 3 months minimum with a possibility of longer dependent upon available secure storage space.

**Feedback from regional – very remote areas of WA indicated that some local adaptations to the SARC protocol are implemented to accommodate local conditions and resource levels. The following row is a summary of that feedback.**

SARC Manual and local inter-agency protocols or agreements.		CIB Department of Community Development (DCD)	All victim/survivors of sexual assault and family and domestic violence. State-wide mandatory reporting requirements for children up to 16 years of age.	Can be reliant on a sole worker – generally a social worker at the hospital.	Trained forensic professionals with expertise in sexual assault examinations are rare in very remote WA. The SARC doctors can guide another doctor through the forensic collection by telephone. One remote area worker reported to ACSSA that on occasion it might be necessary to travel to Perth for a forensic exam.	As for Perth. Lockable storage fridge for held specimens in local hospitals.
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The Perth Sexual Assault Referral Centre (SARC) has actively engaged with the principles of the National Standards in developing its approach to service delivery. The drafting of their protocol, the *Management of Alleged Sexual Assault Information for Metropolitan Emergency Departments*,

occurred in consultation with personnel from Emergency Departments across metropolitan hospitals in Perth. The document was developed to address the concerns of Emergency Department personnel about having the capacity to respond to Emergency Department presentations of sexual assault

victims. It is intended as a brief reference document to guide initial contact with victims who present at Emergency Departments. The title of the document itself reflects the tentative nature of Emergency Department personnel and their concerns to “manage” the clinical needs of “alleged” sexual assault victims. This exemplifies what is anecdotally expressed by many doctors as representing the fine line between medical professional concerns to administer sensitive and sympathetic care and doctors’ apprehension about appearing partisan or somehow compromised in their capacity to give impartial expert evidence should they be called to defend their findings in a courtroom. This concern is expressed by medical professionals throughout Australia and is taken up again in section three of this paper.

Crisis calls to Western Australian sexual assault services are triaged (emergency assessment and referral) through a system called Health Direct. Health Direct is staffed by nurses who assess the medical needs of the caller and direct the call to the appropriate service; either an Emergency Department if serious physical injury, acute psychiatric illness or intoxication is present, or to a sexual assault service for medical, forensic and counselling responses. In Perth the latter will mean being directed to the SARC, in regional or remote areas where there is no sexual assault service it may mean being directed initially to an Emergency Department and then to a social worker or community health service, or health nurse for follow-up. As with many aspects of protocols in Australia, the Western Australian triage system is still evolving. As the Coordinator Medical/Forensic Services at SARC notes: “The principles of tailoring the service to the needs of the individual are paramount. [Too] many people do not access services at all, particularly Aboriginal people. We need to be as ‘user

friendly’ as possible” (Correspondence with ACSSA, August 2004). Metropolitan Western Australian Police Service (WAPS) officers are able to bypass the triage system and call direct to a SARC doctor where police have made an evaluation that no serious physical injury is present.

Perth SARC provides a range of kits and materials to other services. These include female and male forensic sample collection kits that contain, for example, the appropriate swabs, labels, slides and a guide to maintaining an intact chain of evidence in the collection and handling of forensic samples. These kits are generally kept on hand at regional and remote hospitals throughout Western Australia. The SARC Manual details the procedure for a complete forensic assessment and for maintaining the legal requirement of ensuring there is a “chain of evidence”. It includes a consent form for each component of a forensic assessment including physical and genital examination, collection of forensic specimens, non-genital photography, release of specimens to the police, verbal and written report to the police.

The WAPS are involved in the development of protocols involving police matters. Meetings are held with the Major Incident Group and the Child Abuse Unit of the WAPS. The King Edward Memorial Hospital, which forms part of the campus of the Women’s and Children’s Health Service, has not been directly involved in meetings with the police. SARC itself, however, has a close working relationship with the police. SARC and WAPS have tended to meet prior to either service changing protocols in order to include the views of the other service and consider the impact of any decisions. The arrangement has been *ad hoc* but plans are in place to have regular meetings (Dr Maureen Phillips communication with ACSSA).

## Tasmania

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics	
Policies and Procedures for After hours and On Call Responses: Sexual Assault Services and Support (SASS) Hobart. Hobart and region	June 2001 Currently under review, anticipated revised Policy and Procedure by 2005.	SASS and Sexual Assault Medical Service (SAMS) Unit at the Women's and Children's Section of the Royal Hobart Hospital, Tasmania Police Hobart. <b>Review group:</b> Forensic Service Delivery Working Party.	People over the age of 13. State-wide, Under 13 yo – children are referred to paediatrician Dr Liz Hallam at Royal Hobart Hospital.	Training provided by SASS community education to Tasmanian police recruits and CIB Doctors Nurses Relevant community agencies	<b>Forensic Examiner</b> SAMS Medical Officer: One of five rostered doctors (currently, all are GPs). During BH During business hours the Obstetrics and Gynaecology Registrar will attend female sexual assault victims; Male victims will be attended by the department of Emergency medicine.	<b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> Hobart SASS <b>Holding time for specimens</b> 6 weeks

Tasmanian sexual assault services reference their statewide protocol as subscribing to the National Standards of Practice. Individual protocols have only recently been developed for the three main regions – Burnie, Launceston and Hobart – and each have particular local concerns that are reflected in how the protocols have been developed and implemented. While the protocols in Tasmania have only recently been implemented, the Hobart region is keenly

examining how the protocol works in practice. The Forensic Delivery Working Party includes representatives from the hospital, the Hobart sexual assault support service and police. The mechanism that currently drives the approach to forensic care is the Sexual Assault Investigation Kit that includes a consent form that will allow any forensic samples to be destroyed should the victim ultimately decide against proceeding with a police report.

## Victoria

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics
Services to Adult and Child Victims of Sexual Assault: Guidelines for Providers	23/8/01 Review August 2003	Victorian Institute of Forensic Medicine (VIFM) Victorian Centres Against Sexual Assault (CASAs) Royal Children's Hospital - gatehouse Centre Monash Medical Centre, Child Protection Unit, South Eastern Centre Against Sexual Assault (SECASA).	All victims of sexual assault and includes: Guidelines for Crisis Care for Adult Victims of Sexual Assault; and Guidelines for Crisis Care for Children	Training in responding to sexual assault is delivered by most Victorian CASAs by arrangement with local agencies and police in their regions. Forensic training is provided by VIFM and includes an academic program delivered through Monash University.	<b>Forensic Examiner</b> Metropolitan Melbourne - VIFM Forensic Physician  <b>Sexual Assault Forensic Examination Kits</b> <b>Not available</b> <b>Holding time for specimens</b> Not available

Victoria's "Guidelines for Service Providers" apply for those who work with both adult and child victims of sexual assault. They outline and broadly define the working relationships between the 14 Centres Against Sexual Assault (CASAs), the Victorian Institute of Forensic Medicine (VIFM), the Gatehouse Centre at the Royal Children's Hospital and the Child Protection Unit at the South Eastern CASA. The working agreement was established between agencies in August 2001 and further reviewed and ratified in August 2003. The Guidelines are said to exist as complimentary to the Police Code of Practice, the CASA Standards of Practice, the VIFM manual and the various hospital protocols.

The stated objectives of the Guidelines have remained "rights focused" in that all victims should anticipate that their rights to safety and protection are fully respected in the context of receiving a crisis care response. The functions of each of the key agencies are broadly distinguished throughout the document with an emphasis on articulating the principles that should underlie the approach to service delivery that ought to be taken by counsellors, police, and doctors in the context of crisis care intervention. A separate section is devoted to the issue of providing crisis care to children, and to outlining procedures for making complaints

should there be any concern about the conduct or the manner in which services were provided.

Perhaps what most distinguishes the approach governed by the Guidelines in Victoria is the limitation imposed on accessing forensic care. Forensic examinations are only provided to victims who have made the decision to report to police. There is currently no provision for samples to be collected should the victim later decide to report (e.g. such as South Australia's "Just in case kits"). This is highly problematic for victims of recent assaults who are often still suffering the effects of shock, or may feel ambivalent about making a decision to pursue a criminal justice response so soon after experiencing an assault.

Regional variations to this include some CASAs having established panels of doctors in their local communities who function as part-time forensic medical officers. Some of these doctors have become amenable to undertaking a forensic examination, and collecting the relevant samples, in situations where the victim remains undecided about involving the police. The samples are appropriately stored until such time as the victim indicates whether to formalise a police report.

## Northern Territory

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics	
A coordinated approach to better respond to Drug-Facilitated Sexual Assault in Darwin Urban (known as the "toxicology protocol"). Darwin urban area.	April 2004	Health and Community Services (HACS) Sexual Assault Referral Centre (SARC) Ruby Gaea Centre Against Rape Northern Territory Police General Practitioners Emergency Department of the Royal Darwin Hospital (ED, RDH) Australian Hotels Association Northern Territory (AHANT)	Children and adults	Provided by Darwin SARC. In respect of the 'toxicology protocol' to CIB and new police recruits Darwin Hotel staff. Generally to CIB and new police recruits and Community Development training.	<b>Forensic Examiner</b> Forensic examinations conducted at Darwin SARC by rostered SARC doctors drawn from a pool of GPs, Paediatricians and Sexual Health Practitioners all of whom are women.	<b>Sexual Assault Forensic Examination Kits</b> <b>Available from SARC</b> <b>Holding time for specimens</b> 3 months (some flexibility)

Responses to sexual assault are managed across three regions: Darwin (urban and remote, including East Arnhem Land and Katherine), Tennant Creek (Barkly region), and Alice Springs. The protocol described in the table applies only in the Darwin Urban region. The "toxicology protocol" is one of two primary protocols employed by the Darwin Sexual Assault Referral Centre (SARC). The second protocol, "A Coordinated Response to Childhood Sexual Assault in the Top End", applies Territory-wide. However, there is no formal Territory-wide protocol applicable to responding to adult victim/survivors of sexual assault.

Territory sexual assault services all reference their practice against the principles contained in the National Standards. Informally, SARC workers and doctors use an after-hours prompt sheet to ensure consistent responses. In the absence of a formal Territory-wide protocol for responding to adult sexual assault, the three regions have established close working relationships across sexual assault services, and locally each service works collaboratively with other agencies.

A position has been created within the Women's Health Strategy Unit of Health and Community Services for a Territory-wide coordinator for the oversight of sexual assault services. At the time of writing this paper, however, that position had not been filled.

The Darwin Urban toxicology protocol is noteworthy in its scope for collaboration. For example, it is perhaps unique across Australia, for including the Australian Hotels Association as a signatory to a protocol for responding to sexual assault. Indeed, hotel staff in Darwin receive formal training from SARC workers. This particular protocol was developed in response to SARC figures indicating a rising number of drug-facilitated sexual assaults in the Darwin urban area during 2002. Amongst the findings were figures that suggested one third of adults and seven percent of children "underwent toxicology tests due to circumstances of rape where [a] drug or drugs were considered to be used to facilitate the assaults" in the twelve month period leading up to the development of the protocol. A number of the children who were drugged and assaulted were less than ten years of age.<sup>12</sup>

As with most other protocols reviewed by ACSSA, the Darwin Urban toxicology protocol is focused primarily, but not exclusively, on recent or acute sexual assault. While Darwin SARC provides services to victim/survivors of past sexual assault, and this is made clear in the section of the protocol outlining the role of SARC, the emphasis of the protocol deals substantively with managing the impact of recent sexual assault.

## Australian Capital Territory

Document title and jurisdiction	Date	Parties to Protocol	Applies to	Training	Forensics	
Protocol with Sexual Assault and Child Abuse Team (SACAT within the Australian Federal Police)	1998	Australian Federal Police, Canberra Rape Crisis Centre and Service Assisting Male Survivors of Sexual Assault CRCC and SAMSSA	All survivors of sexual assault within the local ACT region	Training is provided to Australian Federal Police recruits and detectives within SACAT Tailored training is available on request to various government and community organisations including schools	<b>Forensic Examiner</b> Forensic examinations are carried out by Commonwealth Medical Officers and there is also a roster of trained women doctors who work on a roster system.	<b>Sexual Assault Forensic Examination Kits</b> <b>Available from</b> FAMSAC and SACAT <b>Holding time for specimens</b> 2 weeks and an extension can be negotiated with the forensic team (FAMSAC worker or doctor)
Auspice agreement with Service Assisting Male Survivors of Sexual Assault (SAMSSA)	1997	CRCC, FAMSAC and SAMSSA				
Memorandum of Understanding with Forensic and Medical Sexual Assault Care (FAMSAC)	2002					

The main aims of the protocol with the Sexual Assault and Child Abuse Team within the Australian Federal Police is to provide a coordinated approach to the handling of sexual assault in the Australian Capital Territory, minimise the trauma experienced by sexual assault victims during the investigative process, clarify roles and responsibilities and ultimately increase the current poor rate of reporting of sexual assault to the police, by improving the confidence of the public and sexual assault survivors in the police and legal processes.

This protocol needs urgent reviewing as there has been changes recently to the reporting procedure for sexual assault victims. Victims currently attend their local police stations to make their initial report of sexual abuse. The police officer on duty will make a decision whether to forward this information on to the Sexual Assault and Child Abuse Team. The Canberra Rape Crisis Centre (CRCC) has concerns regarding the nature of the training that local police currently receive with respect to providing appropriate responses to victims and survivors of sexual assault and abuse. While the CRCC provide training to new recruits, they are not involved in the training of other police officers who may work with a victim of sexual abuse.

The services covered by the Memorandum of Understanding with the Forensic and Medical Sexual Assault Care (FAMSAC) include: forensic medical services in cases of adult sexual

assault, post assault medical examination for those who do not wish to proceed with a forensic medical examination after a sexual assault, medical information reference centre for staff of the Canberra Rape Crisis Centre and the Service Assisting Male Survivors of Sexual Assault (SAMSSA), and support and advocacy for survivors of sexual assault.

In previous years, forensic examinations could only be carried out by Commonwealth Medical Officers who were invariably male. Recently, there was a push to encourage women doctors within the ACT to receive the training required to perform forensic examinations. There is now a pool of women doctors available on a roster system to provide forensic examinations when required by women.

The Canberra Rape Crisis Centre auspice the Service Assisting Male Survivors of Sexual Assault (SAMSSA). This means that the CRCC manage the financial and employment aspects of that service. The CRCC has a representative on the SAMSSA Reference Group which oversees the direction of the service. The CRCC provides services to male victims up to the age of 16 years and will then refer to SAMSSA. Both services work collaboratively to provide a service for women, men and child survivors of sexual abuse. Joint training and information sessions are available on request for government and non government organisations.