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SERVICES FOR VICTIMS OF SEXUAL ASSAULT
POLICY AND PROCEDURAL GUIDELINES

1. The attached guidelines have been developed by the Working Party on the Care of Victims of Sexual Assault, an Interdepartmental group convened by the Health Commission, which includes representatives of the Police Department, Youth and Community Services, the Women's Co-ordination Unit and the Hospitals in which HELP Centres for Victims of Sexual Assault are located.

2. The guidelines have been developed through extensive negotiation and represent the consensus of police and hospital personnel on appropriate procedures to be followed. The Health Commission endorsed the guidelines on 21 January 1982. The guidelines have been endorsed by the Police Department and the Department of Youth and Community Services.

3. The guidelines are designed to provide a framework for a co-ordinated teamwork approach to the care of people who have been sexually assaulted. As needs will vary, the guidelines must be used flexibly to respond appropriately to these needs.

4. The Working Party considers that the further development of services, and the review and resolution of problems can take place most appropriately at regional or local level. The Working Party has therefore requested that Regional Directors consider the establishment of regional and/or local arrangements for interdepartmental liaison on this and related problems. For further information on the development of such arrangements contact the appropriate Regional Office.

5. The Working Party will review the guidelines in six months.

K.R. BROWN,
Secretary

HEALTH COMMISSION OF N.S.W.

SERVICES FOR VICTIMS OF SEXUAL ASSAULT

POLICY AND PROCEDURAL GUIDELINES

FEBRUARY 1982

SERVICES FOR VICTIMS OF SEXUAL ASSAULT

Policy and procedural guidelines

PART I: ADULTS 16 YEARS AND OVER

The following guidelines have been developed by the Working Party on Care of Victims of Sexual Assault, an interdepartmental group convened by the Health Commission to assist with the planning and development of services.

The guidelines are designed to assist police and health personnel to provide a service in an area of considerable legal and social complexity, to understand each other's different functions and skills, and, where appropriate, to work together in the interests of the person who has been assaulted.

1. INTRODUCTION

1.1 Sexual assault is a major social problem in Australia as elsewhere. Both males and females, of all ages and social groups are the victims.

Sexual assault is a major life-crisis for the victim, exacerbated by community rejection of the problem and social attitudes which "blame the victim".

1.2 In recent years in Australia the work of the women's movement and Rape Crisis Centres has raised community consciousness of the problem.

1.3 In New South Wales, in 1977 the Premier established a Task Force to examine the treatment and care of victims of sexual offences.

The Task Force recommended that rape and other sexual offences should be regarded as both a psychological and medical emergency where the care for the victim should be of paramount importance even though there may not be obvious physical injury. They also recommended that specialist units be established in major hospitals in Sydney, and in Newcastle and Wollongong, to be concerned with the treatment and counselling of victims of sexual offences.

Such units were to be developed as referral units serving specific geographic areas and able to provide services for:-

a. the immediate medical treatment of victims in terms of crisis care as well as injuries sustained;

b. obtaining medico-legal evidence of sexual offences;

c. immediate psychological counselling and arranging long term counselling.

The Task Force proposed, in the case of victims of sexual assault who presented initially at a police station, that immediately following a brief enquiry by the police, the victim be transported to a sexual offences unit for treatment and assessment prior to the major enquiry and the taking of statements by the police.

1.4 Following Cabinet adoption of the recommendation of the Premier's Task Force on Care of Victims of Sexual Offences in March 1978, services (now known as HELP CENTRES) have been established in seven public hospitals in metropolitan Sydney, Newcastle and Wollongong, to provide a service for adults 16 years and over.

The following hospitals are participating in the programme.

KING GEORGE V (ROYAL PRINCE ALFRED HOSPITAL)
Missenden Road, Camperdown, 2050
Telephone: 51-0444

ST. GEORGE HOSPITAL
Belgrave Street, Kogarah, 2217
Telephone: 588-1111

BLACKTOWN HOSPITAL
Blacktown Road, Blacktown, 2148
Telephone: 622-6111

ROYAL NORTH SHORE HOSPITAL
Pacific Highway, St. Leonards, 2065
Telephone: 438-0411

ROYAL NEWCASTLE HOSPITAL,
Pacific Street, Newcastle, 2300
Telephone: (049) 20-411

WOLLONGONG HOSPITAL
Crown Street, Wollongong, 2500
Telephone: (042) 29-8233

WESTMEAD CENTRE
Old Hawkesbury Road, Westmead, 2145
Telephone: 633-6333

These hospitals are designated as regional services, particularly for police referrals. It is recognised that other hospitals and community health centres will also be approached from time to time by victims, and may be able to provide more local care. Hospitals and community health centres should consult with the HELP CENTRE in their area, regarding local arrangements for immediate care and referral if necessary. The Working Party has also recommended to Regional Directors the formation of area or regional interdepartmental Committees for service review and local co-ordination and planning.

2. In the planning and development of the services, four aspects have been emphasised:-

- provision of emergency medical care if necessary
- provision of crisis-counselling and support
- collection of medico-legal evidence of the assault where appropriate
- counselling and medical follow-up

3. Within the metropolitan area, local hospitals, General Practitioners, Community Health Centres and other agencies may be approached for help. Advice and support will be obtained from the nearest HELP CENTRE.

4. In country regions, a number of initiatives have been taken by Regional Directors of Health to increase awareness of the problem of sexual assault, and to develop local arrangements for service in liaison with local Police, hospitals and community health centres.

Further information may be obtained from the appropriate Regional office of the Health Commission.

5. In June 1978, police were advised (Circular 78/174) of the services and instructed regarding new procedures for Police to:

> "Spend a minimum of time with the victim during the initial interview before prompt transportation of the victim to the Sexual Offence Referral Centre.
>
> Adopt an attitude that each case is a human crisis situation and regard the complaint as a medical emergency to reduce the traumatic effect upon the victim."

2. POLICY ON THE ROLE OF SERVICES FOR VICTIMS OF SEXUAL ASSAULT

2.1 Government policy, as stated in the Report of the Premier's Task Force, is to place primary emphasis on the psychological needs of the victim.

2.2 The objectives of hospital procedures are:-

- to minimise the emotional, social and physical effects of the assault
- to help the victim re-establish control over her/his life situation
- to provide information and practical assistance (medical, legal and social) as required by the victim.

2.3 The objectives of police procedures are:-

- to obtain services for the medical and emotional needs of the victim

- to obtain sufficient evidence to justify an arrest and prosecution, where appropriate.

2.4 In recognition of government policy, police and hospital procedures should ensure:-

2.4.1 A co-ordinated teamwork approach to the care of the victim between police and hospital personnel. This may involve information-exchange, joint interviews, etc.

2.4.2 Wherever possible, victims should be cared for at the Centre or hospital where she or he first presents. Referral to another Centre at the time of crisis is to be avoided, unless, in the case of children under 16 years paediatric medical care cannot be provided at the point of first contact.

2.4.3 In all cases where a person states that they have been sexually assaulted to any degree police should automatically inform the person of the services available, encourage the person to use the services, and if appropriate accompany the person to the nearest HELP CENTRE.

Victims who do not wish to use the services at that time should be given a Health Commission pamphlet about the services for future contact.

2.4.4 Victims may present to the police or to the Centres either immediately following the assault, or at any time afterwards. The services of the Centres will be offered, regardless of the length of time which may have elapsed since the assault.

2.4.5 The need for a general medical examination, and tests for sexually transmitted disease and pregnancy will be assessed in each individual case, by the appropriate nursing and medical personnel.

2.4.6 If the victim wishes to proceed with legal action, a forensic examination, using the Evidence Kit and Medical Protocol, should be undertaken. If a considerable time has elapsed, the usefulness of the forensic examination will be discussed with the victim, by the social worker or doctor.

2.4.7 The crisis-care services of the Centres are also available on a 24-hour basis for families and/or partners of victims who may or may not have attended the Centre.

2.4.8 It is recognised that from time to time, families in crisis, precipitated by the discovery of a teenage daughter's sexual activity, may present directly to a hospital or to the police for advice and support in a potential prosecution. Hospitals have an important role to play in counselling such families.

2.4.9 Where victims present direct to the Centres, the decision regarding notification of police rests with the victim.

Where the victim is a child additional procedures are necessary (see guidelines for victims under 16 years).

2.5 Consent to medical examination

2.5.1 The usual conditions of consent apply. The doctor must be satisfied that the victim's consent is valid and informed.

2.5.2 Doctors may not be compelled to perform any examination which is not medically or medico-legally indicated. The needs of the victim must be paramount at all times.

2.6 Sex of professionals involved

2.6.1 Medical examination

The medico-legal examination after sexual assault is an extremely sensitive and delicate procedure. In view of the nature of the assault

the victim may find it more reassuring to be examined by a doctor of the same sex.

Hospitals should continue to review the organisation of their service to enable a choice of doctor wherever possible. Medical practitioners should be selected for both skill and sensitivity. In the adult services, a qualification in gynaecology is desirable but not an essential pre-requisite.

2.6.2 Counselling

It is important that the victim should feel safe and comfortable with the counsellor as this is the person who will have continuing contact with the victim and his/her family. As most adolescent and adult victims are women, it is recommended that adult hospitals utilise female counsellors with the option of male counsellors as back-up if appropriate. In the children's services, both male and female counsellors will be needed. In many cases two counsellors may be needed to work with the child and the family.

Counsellors in country regions can be expected to have a range of varying experiences and qualifications which will equip them for the specified task. Counsellors need to be carefully selected, given adequate training and formally inducted into the organisation of the service. This organisational base is essential to establish the counsellor's authority with other personnel and agencies, and to ensure that counsellors are accountable for the quality of their work and for maintaining the victim's confidentiality and privacy.

Counsellors must have demonstrated skills in crisis work, which with specific training would enable them to be effective in the area of sexual assault.

Counsellors must demonstrate a commitment to the provision of services for victims of sexual assault. Enforced participation by dint of current employment is not appropriate because of the nature of the service and victim's experience.

Properly structured support and consultation services are essential for staff working with victims of sexual assault. There must be an identified service co-ordinator to establish mechanisms for service delivery, staff selection, training, consultation and support.

2.7 Selection of personnel

In this area of service it is imperative that all staff are able to work sensitively with the shock and trauma which may result from sexual assault. In addition, staff involved in providing this service should be given opportunities for support and consultation.

3. PROCEDURAL GUIDELINES

The following guidelines describe the appropriate steps to be taken in all cases of sexual assault where the victim is 16 years or older, whether the victim is female or male.

It is obvious that the procedures will need to be flexible and will vary according to the needs and wishes of the victim.

At every stage, the procedures should be explained to the victim so that the victim knows what is happening and why.

3.1 SITUATIONS WHERE THE VICTIM PRESENTS TO POLICE (RECENT ASSAULT OR CRISIS SITUATION)

3.1.1 Action to be undertaken by police

Police in the Sydney metropolitan area, Newcastle and Wollongong, and in those country centres where services have been developed, are to adopt the following procedures.

a) Immediately a report of sexual assault (to any degree) is received, the Detectives and women police are to be called to interview the victim.

(b) The victim is to be immediately informed of the procedures that are usual in these situations:-

- that she/he will be interviewed briefly at the station

- that she/he will then be taken for help, support and forensic medical examination if appropriate to the nearest HELP CENTRE.

(c) If the victim is in agreement with these arrangements, the officer will then telephone the hospital to advise them of an estimated time of arrival.

(d) Detectives and women police are to undertake an initial enquiry with the victim for the collection of basic particulars - details are to be inserted on the form 'Initial Interview and Time Sequence Form' which should be taken to the hospital for later completion by the investigating officers. The victim is then to be taken to the HELP CENTRE.

In country areas where services have not been established, the Government Medical Officer should be contacted, if a forensic-medical examination is required.

3.1.2 The services of the HELP CENTRE or hospital should be offered to all persons complaining of rape or indecent assault, even if the victim decides at the police station that she/he does not wish to proceed with police action.

If a victim presents to police, and the matter is not of a recent nature, police should advise the victim of the availability of counselling and support at the HELP CENTRE, and provide transport if the victim wishes to use the services. Police follow-up procedures may follow at a convenient time.

3.2 Action to be undertaken at the Hospital

(Hospitals are advised to record times at each point in the procedure)

3.2.1 Upon police notification, the hospital will inform the nursing sister and the counsellor, who will proceed to the Centre, and alert the medical practitioner that he/she may be needed. Time of notification should be recorded. The hospital contact person will then advise the appropriate police station of the estimated time of arrival of the counsellor and the availability of the doctor.

3.2.2 Upon the arrival of the victim, the sister will assess the victim's need for immediate medical attention, keeping in mind the victim's right to determine what she needs and desires. If required, immediate medical treatment will be administered by the Registrar or Casualty staff. The nursing sister should remain with the victim until the counsellor arrives.

3.2.3 If medical attention is not immediately required (or has been given) the victim will then be seen by the counsellor. This initial interview is for the purpose of immediate, intensive psychological support to minimise the impact of the assault and provision of information regarding procedures that may follow.

Legal questions or evidenciary matters relating to the victim's particular case will be discussed with the victim by the policewoman.

3.2.4 If the victim, upon considering the information, indicates either that she/he wishes to proceed immediately with police action, or that she/he wishes to leave the option of such action open until she has given it further consideration, the forensic examination should be carried out. (The Forensic examination is designed to collect necessary corroborative evidence related to the assault. The examination does not in itself prove or disprove that an assault has occurred).

- The victim's consent for a forensic examination must be obtained by the medical officer.

- It should be explained to the victim that she/he may be accompanied by support person(s) of her/his choosing during the examination.

- Prior to the examination the doctor and policewoman should consult regarding particular areas of likely evidence.

- If the victim has decided at this point to proceed with police action, the policewoman should in the presence of the doctor seek the consent of the victim to her presence during the examination to assist with the collection of evidence. Unless unusual circumstances exist the examination should not commence until this consent has been sought. If the victim consents to the policewomen being present, the consent form for release of information to police (contained in the medical protocol) should be signed before the examination commences.

- The examination should be carried out using the Sexual Assault Evidence Kit and Medical Protocol.

- On completion of the examination, if the victim has decided to proceed immediately and the consent to release of information to police has been signed by the victim, the doctor must personally hand the sealed evidence kit to the attending policewoman.

- If the victim has not decided whether or not to proceed the sealed kit should (if possible) be placed in a refrigerator which is then locked by the doctor. The victim should be advised that the specimen will remain viable for forensic purposes for 48 hours, and will be held by the hospital for that time. The victim should be informed that delays in gathering of evidence could be detrimental in pursuing the case.

- Following the examination, if the victim is proceeding, the doctor should discuss the findings with the police officer concerned.

3.2.5 Upon completion of the examination follow-up medical care (for possible sexually transmitted disease or pregnancy) should be arranged, if possible at the same Centre.

Specimens collected for hospital purposes (Medical Protocol Page 6) should be forwarded to the hospital laboratory.

3.2.6 Clothing worn by the victim at the time of the offence should be handed by the victim to the policewomen or held by the hospital with the forensic exhibits.

3.2.7 If the victim does not request a forensic examination a general medical examination should be offered to the victim and follow-up care arranged.

3.2.8 If proceeding with immediate police action, a written statement will then be obtained from the victim by the policewoman. This should be taken in a room available for this purpose in the Centre. The room shall be equipped with a typewriter, 'phone, and tea/coffee facility as the interview and statement-taking may be a lengthy process and the privacy and comfort of the victim are paramount.

In cases where these facilities are not available, the statement-taking will be done at the relevant police station. The counsellor will advise the victim that she may have support person/s of her choosing present.

3.2.9 On completion of the statement, police will give the victim a copy of her/his statement.

3.2.10 On completion of the statement it may be necessary for the victim to be taken to the scene of the alleged assault.

3.2.11 Counselling follow-up will then be arranged and the victim will then be taken home or to alternative accommodation either by the Police or by the counsellor, as the victim wishes.

3.2.12 The counsellor should then complete the data collection form.

3.3 If within 48 hours, the victim returns to the hospital, wishing to proceed with legal action, the consent for release of information should then be signed and the hospital should call the police. The doctor who carried out the examination must be called to hand the evidence kit to the police. This should be done in the presence of the victim.

3.4 SITUATIONS WHERE VICTIM PRESENTS AT THE HOSPITAL IN THE FIRST INSTANCE

(Hospitals are advised to record times at each point in the procedure).

3.4.1 The victim may present at any point in the hospital. It is the responsibility of the staff with whom the victim makes contact to notify the appropriate person responsible for the Centre of the victim's arrival.

3.4.2 The contact person will:-

(i) Arrange for the victim to be accompanied to the HELP CENTRE or designated area by a member of the nursing staff.

(ii) Notify the counsellor and other nursing staff as necessary of the impending arrival of the victim.

(iii) Ascertain whether or not the victim wants the police to be notified and take appropriate action.

3.4.3 Upon arrival at the hospital, the victim's first need will be to feel safe and supported. It is most important that the victim not be left alone at any stage.

3.4.4 Having ensured this, the Sister will then assess the victim's need for immediate medical attention keeping in mind the victim's right to determine what care she/he needs and desires. If acute treatment is required she will call a doctor to attend the victim.

3.4.5 If medical attention is not immediately required, crisis assessment and immediate psychological support can be undertaken by the counsellor along with the provision of information regarding procedures that may be followed.

3.4.6 If the victim, having considered the information given, then decides to report to the police, the counsellor or sister should call the appropriate registrar and contact the police station nearest to the hospital.

THE PRECEDING PROCEDURES FOR FORENSIC EXAMINATION AND STATEMENT-TAKING SHOULD THEN BE FOLLOWED.

3.4.7 If the victim is undecided, a complete record of times, personnel involved and exhibits should be maintained by the hospital in case the victim later decides to report the matter to the police.

3.4.8 If the victim does not request a forensic examination, a general medical examination should be offered to the victim and follow-up care arranged.

3.4.9 The victim can then be taken home or to appropriate alternative accommodation.

3.4.10 The counsellor should then complete the data collection form.

3.5 Care of the victim does not cease at this point. The victim may seek to use the services of the Centre in a variety of ways according to her needs at any time. If a continuing role as a witness also emerges for the victim further communication between police and hospital systems will be important in ensuring a total service for the victim - one that is

responsive to her continuing needs. Furthermore, such interaction can be seen to be helpful to both systems. For the police, consultation with the counsellor may assist in separating victim's reactions to the event from her ability to function as a witness where her behaviour may be raising questions about the capacity of the victim to engage in a legal process or may raise questions regarding the validity of the charges made. Likewise for the hospital staff, knowledge about the police procedures and continuing action will often facilitate the counselling process and care offered by the hospital.

3.6 Withdrawal of complaint

In circumstances where the victim wishes to withdraw her complaint, a brief statement to this effect should be obtained by police in the following format. However, it must be realised that it may still be necessary for police to call the victim as a witness.

WITHDRAWAL OF COMPLAINT

I,....., hereby withdraw my complaint of....., made on ....., as I do not wish to proceed with further police action.

NAME..... SIGNATURE.....

WITNESS..... DATE.....

3.7 Police/hospital consultation

Consultation between the officer-in-charge of the case, and the social worker involved should take place as soon as possible after the initial contact with the victim to exchange information and to ensure a co-ordinated approach to the victim and the case.

SERVICES FOR VICTIMS OF SEXUAL ASSAULT
POLICY AND PROCEDURAL GUIDELINES
PART II - CHILDREN (UNDER 16 YEARS)

1. INTRODUCTION

1.1 Sexual abuse or assault of children takes many forms - molestation, assault by a stranger, sexual exploitation, incest and other intra-family sexual activity. The psychological and physical impact on the child is different in every case, depending on the dynamics of the family, the age and stage of development of the child and the nature of the experience.

1.2 The Department of Youth and Community Services has the primary and statutory responsibility for intervention in child abuse matters. The health services have a complementary role in the provision of crisis-care services, in the provision of co-ordinated medical and counselling services, in the long-term management of some families, and in the development of preventive programmes.

1.3 The role of health services in the area of sexual abuse of children was given particular focus in 1978 following the Report of the Premier's Task Force which led to the establishment of HELP CENTRES for Victims of Sexual Assault in public hospitals in metropolitan Sydney, Wollongong and Newcastle.

The following hospitals provide a crisis-care service for children under 16 years of age who have been sexually abused in addition to services for "children at risk" provided by many hospitals.

ROYAL ALEXANDRA HOSPITAL FOR CHILDREN
Bridge Road, Camperdown, 2050
Telephone: 51-0466

PRINCE OF WALES CHILDREN'S HOSPITAL
High Street, Randwick, 2031
Telephone: 399-0111

BLACKTOWN HOSPITAL
Blacktown Road, Blacktown, 2148
Telephone: 622-6111

WESTMEAD CENTRE
Old Hawkesbury Road, Westmead, 2145
Telephone: 633-6333

ROYAL NEWCASTLE HOSPITAL
Pacific Street, Newcastle, 2300
Telephone: (049) 20-411

WOLLONGONG HOSPITAL
Crown Street, Wollongong, 2500
Telephone: (042) 29-8233

1.4 In country regions, a number of initiatives have been taken by Regional Directors of the Health Commission, officers of Youth and Community Services, hospital personnel and police, to develop local arrangements for the care of children who have been sexually abused. Information on local arrangements in country areas for the crisis-care of children and families in this situation should be added to these guidelines for local distribution.

2. POLICY

2.1 The care and protection of child victims of sexual assault requires a co-ordinated teamwork approach by welfare, health and police personnel.

2.1.1 The role of hospitals and health services is:-

- to provide crisis medical and counselling care for children and families who present to hospitals;
- to advise families of the statutory requirements involved and to ensure that these requirements are met;
- to provide follow-up medical care if necessary;
- to provide follow-up counselling if appropriate.

2.1.2 The role of the Child Protection Services and District Offices of the Department of Youth and Community Services is:-

- to provide crisis-counselling and family intervention;

- to receive statutory notifications of children "at risk";

- to ensure that effective assessment has been made and that the immediate protection of the child is assured;

- to co-ordinate ongoing management, including use of the Children's Court as appropriate.

- to ensure that appropriate support and family counselling are provided.

2.1.3 The role of the police is:-

- to obtain services for the medical and emotional care of children and families who present to Police;

- to liaise with Youth and Community Services and health personnel on the usefulness and feasibility of arrest and court action to protect the child;

- to liaise with medical practitioners regarding possible medical evidence;

- to take prosecution action if appropriate.

2.3 Notification

2.3.1 Under Section 148B of the Child Welfare Act, doctors are obliged to, and other persons may notify the Department of Youth and Community Services if he or she believes that a child has been "assaulted, ill-treated or exposed". This includes instances of sexual assault.

2.3.2 Incest and intra-family sexual contact which is not necessarily physically damaging and may be consensual, is not specifically mentioned in this section of the Child Welfare Act at present. However, in the interests of protection of the child (and his/her siblings) it is considered that notification should be made in all cases of suspected or alleged incest. Persons who make such a notification are legally protected within the Act.

2.3.3 Notification to the Department of Youth and Community Services should be made to the Child Protection Service at Montrose, Wollongong or Newcastle or any District Office of the Department of Youth and Community Services.

2.3.4 Discretion on notification should be exercised in those situations where the protection/safety of the child is clearly not an issue - in these situations health personnel should work with the family crisis which has brought the situation to notice.

2.4 Police Involvement

2.4.1 The police department has recently established a Child Mistreatment Unit to co-ordinate police action is cases of child abuse. The Child Mistreatment Unit will work in close consultation with Youth and Community Services Child Protection Services and health agencies, and will exercise discretion over police involvement and legal action. (TELEPHONE: 02 709-5716)

2.4.2 The decision regarding police action should be made in consultation with the hospital, the child protection worker and the Child Mistreatment Unit. The role of the police will depend on the extent of injury, the circumstances of the assault, and the assessed risk to the safety of the child or other children. If the child's life is in immediate danger, the hospital should contact the Child Mistreatment Unit.

2.5 Medical Examination

2.5.1 The usual conditions of consent apply. The doctor must be satisfied that any consent is valid and informed.

2.5.2 The Minors (Property and Contracts) Act 1970 specifies arrangements for consent to medical treatment of persons under the age of 16 years and of persons between 14 and 16 years.

2.5.3 If the victim is a ward of the State and guardian's consent is required, hospitals should contact their local District Office of the Department of Youth and Community Services or Child Protection Service (after hours).

2.5.4 Under certain circumstances, for example if it is believed on reasonable grounds that a child has been sexually assaulted, and if the parents do not consent to the child being presented for medical examination, then Section 148C of the Child Welfare Act may be invoked by a police officer or an officer of Youth and Community Services to enable the child to be presented for medical examination.

2.5.5 The assessment of the need for or extent of a medical examination of a child should be carried out by a paediatrician or a doctor with extensive paediatric experience.

3. PROCEDURAL GUIDELINES

The following guidelines describe the appropriate steps to be taken in cases of sexual abuse/assault presenting to police or to hospitals.

It is obvious that the procedure will need to be flexible and will vary according to the particular needs of the child and family.

3.1 SITUATIONS WHERE VICTIM PRESENTS TO POLICE IN RECENT ASSAULT OR CRISIS SITUATIONS

3.1.1 Action to be undertaken by police

(a) If a child (under 16 years) presents to police following recent assault or abuse it is appropriate to utilise a children's HELP CENTRE, or appropriate medical service in country areas.

(b) Children who present to police must be accompanied by at least one of their parents or by a person aged 18 years or over, nominated by a parent or guardian throughout the entire procedure. If the child cannot be so accompanied, a written authority for a medical examination should be completed by the parent or guardian, and this should accompany the child to the hospital.

CONSENT TO MEDICAL EXAMINATION

I,.....being the parent/guardian of
(name of parent/guardian)
..... give my consent to a medical
(name of child)
examination being undertaken upon .....
(name of child)

Signed.....
(name of parent)

Date.....

(c) Care should be taken to minimise stress on the child throughout the whole process.

(d) If the parents are not able to take the child to the hospital, use of marked police vehicles to transport the child and parents to the hospital should be avoided; if necessary, an unmarked vehicle should be used.

3.1.2 Action to be undertaken by Hospital (or health service in country areas)

(a) Upon police contact with the hospital, the established hospital plan will be activated.

(b) It is of extreme importance that at the time of first presentation to the hospital, counselling as well as medical aspects are attended to.

(c) Experienced paediatric personnel should assess the extent of medical examination required, and consult with the police officer regarding the need for corroborating medical evidence.

(d) It is unusual for a detailed forensic examination to be appropriate or necessary. The medical protocol provides a useful guideline if medical evidence is required. Guidelines prepared by the Australian College of Paediatrics for the National Health and Medical Research Council provide further information.

(e) Medical care and counselling will be family oriented and closely co-ordinated during this period of assessment and crisis.

(f) Notification to the Child Protection Service and consultation about immediate management, will take place at this time between the hospital doctor, the counsellor, the Department of Youth and Community Services and the police.

The need for police to wait at the hospital and the need for their continued attendance should be discussed at this time.

(g) Wherever possible, police should take the child's statement at the hospital.

3.2 SITUATIONS WHERE VICTIM PRESENTS TO POLICE WITH A PAST ASSAULT OR SITUATIONS WHERE A MEDICAL EXAMINATION IS NOT IMMEDIATELY REQUIRED

3.2.1 If the matter is not a recent assault, police should consult a Child Protection Service of the Department of Youth and Community Services about arrangements for counselling and advice for the family. Decisions about case management and the need for medical examination should be made by child protection personnel in consultation with the police or hospital personnel if necessary.

3.2.2 In situations where the victim is an adult who was assaulted or abused in childhood it is appropriate to refer such persons for counselling to a community health centre or Adult HELP CENTRE, after initial crisis counselling.

3.3 SITUATIONS WHERE VICTIMS PRESENT DIRECT TO THE HOSPITAL

3.3.1 Where children who are victims of stranger assault or incest present directly to the hospital, hospital procedures for counselling and if necessary paediatric assessment should be initiated.

3.3.2 If there is any immediate danger to the child's life, the doctor should inform the parents or family member present that immediate contact with police is necessary and should contact the Child Mistreatment Unit or local police station.

3.3.3 In other cases, the social worker or the doctor should advise the family at the appropriate time of the need for notification to the Department of Youth and Community Services in the interests of the child or other children. Notification should be followed by

consultation on the appropriate arrangements for the immediate protection of the child and a decision on the need for Police contact.

3.3.4 When the first contact with the child or family is by telephone, sensitive telephone counselling will be necessary to establish contact as a basis for further intervention.

3.3.5 To ensure that the requirements of the Child Welfare Act in relation to notification are met, additional information from medical and other health records may be required by officers of the Department of Youth and Community Services or the Police Department.

At the request of an officer of the Department of Youth and Community Services or the police, Medical Superintendents of hospitals or their delegates or workers in Health Centres (as approved by Regional Directors) may give such officers access to medical information and other records concerning children suspected of being assaulted, ill-treated or exposed. Such information should be given when action is pending against such child or caretaker or when information is required to determine whether a child is in need of care.

Regional Directors and Medical Superintendents should ensure that this authority is formally delegated to personnel who are involved in the provision of services, particularly "after-hours".

3.4 PRESENTATION TO THE DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

If cases of sexual abuse of children present directly to District Offices of Youth and Community Services, officers should use the usual procedures for child abuse. The Child Protection Service should be notified and local arrangements for counselling and medical care organised and a case conference arranged.

4. Ongoing Management

4.1 When the initial assessment has been made, a case conference will be convened by the primary contact worker or an officer of the Department of Youth and Community Services. The responsibility for ensuring that co-ordinated care is provided for the child and the family, shall rest with the Department of Youth and Community Services, in line with with their statutory responsibility.

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