

Title of procedure: Procedure for referral between VFPMS and Gatehouse
 Key words: VFPMS, Gatehouse, sexual assault, sexual abuse, counselling
 Alternative alphabetical listing:

1. Overview/procedure description

The Victorian Forensic Paediatric Medical Service (VFPMS) provides forensic medical services to Victorian children. The VFPMS operates across Victoria as a hub-and-spoke model, governed by the Royal Children's Hospital.

Gatehouse at the Royal Children's Hospital (Gatehouse) is a Centre Against Sexual Assault (CASA) that provides counselling and crisis intervention services to children and young people who have been affected by sexual abuse.

This procedure applies to children who are eligible for services from both the VFPMS and Gatehouse.

This procedure describes the process for referral between the VFPMS and Gatehouse to ensure that all children referred to the RCH in relation to sexual assault and/or sexual abuse receive a joint medical and counselling response.

2. Related Policy

Vulnerable Children Policy (RCH0465)

3. Definition of Terms

Child sexual abuse (WHO definition 1999):

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or other unlawful sexual practices;
- the exploitative use of children in pornographic performance and materials.

Sexual assault: (DHHS Victoria)

Sexual assault is any unwanted sexual behaviour or activity that makes the victim feel uncomfortable, frightened or threatened. It is sexual activity that the person has not consented to and refers to a broad range of sexual behaviours, including the use or threat of violence to force another person to engage in a sexual activity against their will

4. Procedure details

In hours (900 to 1700 Monday to Friday)

All referrals received in hours by VFPMS in relation to sexual assault will be referred to the Gatehouse duty worker.

Initial referral will be via a conversation between the referrer and the Gatehouse duty worker, then VFPMS will complete the RCH Allied Health referral form for referral of patients to Gatehouse and email the referral form to the Gatehouse duty worker.

When VFPMS assess a child referred for another reason and during the course of the assessment the VFPMS team conclude that sexual assault possibly occurred, then referral will immediately be made to Gatehouse.

Referral to other services will be considered when the joint assessment concludes that sexual abuse has not occurred, or is extremely unlikely to have occurred.

All children referred to Gatehouse will be considered for referral to the VFPMS.

Referral of children from Gatehouse to the VFPMS will occur when

- sexual assault is believed to have occurred during the previous 2 weeks
- historical cases of sexual assault involve possible transmission of body fluids

When parents or children (mature minors) decline a referral to either service then this will be clearly documented in the child's record.

When Parents or children and young people (mature minors)decline a referral to either service then this will be clearly documented in the child's / young persons record

After hours

Urgent after-hours consultations regarding alleged recent sexual assault will be conducted with VFPMS and Gatehouse both in attendance. The VFPMS on-call doctor will telephone the on-call Gatehouse counsellor to arrange their attendance at RCH. If Gatehouse is referred a case then the Gatehouse afterhours worker will telephone the VFPMS.

Referrals received after hours by VFPMS for non-urgent RCH consultations in relation to sexual assault will be immediately referred to the Gatehouse oncall worker.

Referral to Child Protection

Referral to Child Protection will be considered for all children referred to VFPMS and Gatehouse.

Documentation

Staff of both services will document all referrals in the child's Unit Record.

Staff of both services will email acknowledgement of receipt of the referral within one working day.

A copy of the VFPMS medical report will be sent to Gatehouse.

VFPMS will maintain an excel spreadsheet tracking all referrals between the services. This record will be stored in a shared drive and reviewed at monthly interdepartmental meetings.

Gatehouse will send a letter to the referring doctor regarding the outcome of the referral indicating whether the patient has been offered an immediate appointment, been placed on the waiting list or referred to another service. This will occur within one week of receipt of the referral.

Gatehouse will provide the VFPMS with written reports regarding case formulations and outcomes of Gatehouse assessments and 3, 6 and 12 month reviews.

Concurrent referrals to Mental Health

Staff of both services will continue to refer children who have suicidal ideation or significant mental health symptoms and signs to the RCH MHS for urgent evaluation. These children might also require assessment in the Emergency Department by ED staff and/or consultation-liaison MHS staff

Staff of both services will consider assessment by a CATT (crisis assessment and treatment team) when serious life threatening mental health conditions are suspected in relation to the child or a family member.

5. Reference

RCH Vulnerable Children Policy (RCH 0465)

Vulnerable Children - RCH Procedure for Suspected Child Abuse (RCH0434)

Guidelines for medico-legal care for victims of sexual violence. Gender and Women’s Health. Family and Community Health. Injuries and violence prevention, non-communicable diseases and mental health.

WORLD HEALTH ORGANIZATION, GENEVA

6. Contacts

Procedure number	RCH####
RCH Strategic goals	[Delete as appropriate] Excellence in Healthcare Focus on Quality and Safety Leadership in Research Education Partners in Paediatric Care Improved Organisational Environment
Category	Access

	<p>Care Planning & Implementation</p> <p>Child Protection</p> <p>Communication</p> <p>Consumer focused equitable care</p> <p>Emergency Management</p> <p>Facilities Management</p> <p>Financial Management</p> <p>Governance</p> <p>Health Information</p> <p>Human Resources</p> <p>Infection Control</p> <p>Information Technology</p> <p>Intellectual Property</p> <p>Legislative Compliance</p> <p>Medication Management</p> <p>Quality & Improvement</p> <p>Research</p> <p>Risk Management</p>
ACHS Function	<p>[Delete as appropriate]</p> <p>Clinical</p> <p>Support</p> <p>Corporate</p>
Policy type	<p>Policy</p> <p>Procedure</p>
Revision	<p>0 (view history)</p>
Author/Reviewer	<p>Name / Committee</p> <p>Position</p> <p>Department</p>
Authoriser	<p>Policy and Procedure Committee</p>
Date authorised	<p>DD-Mmm-YYYY</p>
Next review date	<p>DD-Mmm-YYYY</p>
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