



PROCEDURE

Sexual Assault Response – School-aged clients

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To support nurses working in community health to provide primary health care for young people who have experienced sexual assault.

Risk

Inappropriate support and information from a health professional at the time when a young person needs advice regarding sexual assault may have a long-term impact on their health and wellbeing. Sexual assault may have long-term impact on young people's physical and mental health and requires an empathetic and supportive approach.

Background

In Australia and worldwide, sexual assault is a major health and welfare issue. The physical and mental impacts on victims can be immediate and lifelong.¹ Adolescents experience alarmingly high rates of sexual violence at higher rates than any other age group. Sexual violence can have detrimental effects on a young person in regard to their personal and relational wellbeing, causing long-term consequences for them.²

An estimated four out of five victims of sexual assault are female,³ and young women aged 15-19 years experience the highest rate of sexual assault.¹ Amongst males, the highest rates are for boys aged 10-14 years.¹ Perpetrators of sexual assault are often known to the victim.¹ Research indicates that the people more likely to experience sexual assault include those who are homeless, have a disability, identify as LGBTQI or those who have previously been victims of sexual assault.¹

A largely under-recognised form of assault, often occurring in the context of intimate partner violence, is non-fatal strangulation (NFS). It should be noted that choking as part

of sexual experimentation presents a significant risk of death which increases each time a victim is exposed to NFS.⁴

Exposure to sexual assault or intimate partner violence frequently has long lasting effects. Adolescent sexual assault has been associated with depression, post traumatic stress disorder, suicide risk, substance use, teenage pregnancy, risky sexual behaviour, poorer educational outcomes and poorer self-rated health.⁵

The collection of forensic evidence may be considered following a sexual assault, in accordance with the wishes of the client and the broader medical and psychosocial needs.⁵ The timeframe for collecting specimens is short. Evidence may be collected for up to two weeks following sexual assault, however, the optimal period for collecting forensic evidence is within 72 hours.⁴

Definitions

Child	A person under 18 years of age. ⁶
Child sexual abuse	<p>When a child under the age of 18 years has been exposed to or subjected to sexual behaviours that are exploitative and/or inappropriate to his/her age and developmental level.⁷</p> <p>The <i>Children and Community Services Act 2004</i> identifies child sexual abuse as sexual behaviour in circumstances where;</p> <ul style="list-style-type: none"> • the child has less power than another person involved in the behaviour; • the child is the subject of bribery, coercion, a threat, exploitation, or violence, and/or; • there is significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.^{7,8}
Sexual consent	<p>Is a form of communication that describes whether a person has agreed to a sexual activity. Sexual consent can be determined through verbal and non-verbal forms of communication.⁶</p> <p>Children under 13 years are considered to be legally incapable of consenting to sex.⁷</p>
Legal age of consent	<p>In Western Australia, 16 years is the age when minors can provide sexual consent.</p> <p>It is unlawful for a person of any age to engage in sex with a person under the age of 16 years, but legal exceptions are usually made for when both are of similar age and between 13 and 16 years and the sex is consensual.⁶</p>

Mandatory Reporting	It is a legal requirement in Western Australia for doctors, nurses, midwives, teachers (including TAFE lecturers), police officers, psychologists, school counsellors, boarding supervisors, ministers of religion, out-of-home care workers and departmental officers of the Department of Communities and assessors appointed under section 125A of the CCSA to report all reasonable beliefs of child sexual abuse to the Department of Communities. ⁷
Non-Fatal Strangulation (NFS)	When a person has survived having pressure applied over the neck by any means. It is sometimes referred to as choking. NFS is very dangerous as important blood vessels in the neck and trachea can be damaged and brain injury can occur due to lack of oxygen. ⁴
Rape	Refers to sexual assault that involves unwanted penetration (oral, anal, vaginal). ⁴
Sexual Assault	Refers to an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, and including any attempts to do this. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity. Such incidents are an offence under state and territory criminal law. ⁹

Key points

- The young person's safety from immediate harm is to be ascertained as a matter of priority. This includes safety from the perpetrator or others, as well as self-harm or suicidal ideation.
- Consult the young person at each stage of the process, using a supportive, non-judgemental approach.
- Ensure comprehensive documentation during and immediately after the consultation, and including associated and follow-up communications. Record verbatim how the individual described the assault and record observations which may assist in any future investigation process.
- Nurses are encouraged to consult with their line manager for support in responding to a sexual assault in a young person.
- Refer to [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based.

- Nurses, as mandatory reporters of current or historical child sexual abuse, must consider sexual assault as sexual abuse and follow appropriate actions if they form a belief in relation to their mandatory reporting obligations.
- Parental or guardian consent is required for those under 18 years of age for forensic examination. Consent is required by the child and their parent or guardian.
- Nurses must discuss all requests for release of client information and/or statements by WA Police with their manager.
 - CAHS staff should refer all these requests to [Confidentiality, Disclosure and Transmission of Health Information Services](#), Release of Information department.
- Refer to [Working with Youth](#) – a legal resource for community-based health professionals for information about legal matters including duty of care, sharing information with third parties, consent, and mature minors.
- Be aware of Western Australian laws in relation to [Mandatory Reporting of Child Sexual Abuse](#). Refer to: [Guidelines for protecting children 2020](#).
- When CACH or WACHS school health or Education staff consider a child or adolescent to be at significant risk, limited specific information may be shared between agencies to ensure the child's safety and wellbeing.¹⁰
 - For information on gaining consent to share other client information, CACH staff refer to [Consent to Release Information](#) and WACHS staff refer to [Consent for Sharing of Information: Child 0-17 years Procedure](#).
- Nurses must provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients. Consider requirements relating to English as a Second Language.

Process

Steps	Additional Information
<p>1. Build rapport with the young person</p> <ul style="list-style-type: none"> • Check in with the young person to see if they feel safe and comfortable to discuss their situation. • Ensure privacy. • Discuss confidentiality and its limitations. Check the young person understands. 	<ul style="list-style-type: none"> • Refer to HEEADSSS Adolescent Psychosocial Assessment Procedure and HEEADSSS Handbook for guidance on how to develop rapport and ask sensitive questions. • Adopt a supportive, interested, nonjudgmental approach in both spoken and body language. • Take care not to promise safety or other supports that you cannot guarantee.

Steps	Additional Information
<ul style="list-style-type: none"> • Listen to the young person without judgment. Reassure that telling an adult was the right thing to do. • Allow the individual to speak in their own way and their own time. 	
<p>2. Care and support for the client</p> <ul style="list-style-type: none"> • Assess the young person’s safety from immediate harm. This can include safety from the perpetrator or others, as well as self-harm or suicidal ideation. <ul style="list-style-type: none"> ○ See Suicide risk response protocol • If concerns exist regarding immediate harm, liaise with the Student Services Team for support to consult with others as required, which may include; <ul style="list-style-type: none"> ○ PCH Child Protection Unit (CPU) ○ WA Police ○ Department of Communities • Enquire if the young person has previously disclosed the assault to anyone and if medical and/or counselling support has already been accessed. Advise available options if required. • Support the young person to contact a parent or trusted adult to inform them of the situation and assist in accessing medical and other supports, as required • Encourage and support the young person to seek medical attention to address issues such as sexually transmitted infections, unwanted pregnancy, or injuries. • If there are any physical injuries which require urgent medical 	<ul style="list-style-type: none"> • Questions the nurse may use to assess the young person’s safety include: <ul style="list-style-type: none"> ○ Are you worried about your safety? ○ Are you afraid of somebody in your home? ○ Do you feel safe to go home when you leave school today? • Refer to Family and Domestic Violence - Child and School Health - Procedure in relation to adolescent intimate partner violence.

Steps	Additional Information
<p>attention, facilitate this as per local processes.</p> <ul style="list-style-type: none"> • Inform the young person and parent/carer about the services provided by Sexual Assault Resource Centre (SARC) and Sexual Assault Support Services in WA (SASS). • If the assault occurred at school or during a school-related activity, inform the Principal as soon as possible. 	
<p>3. Refer</p> <ul style="list-style-type: none"> • Provide information and links to relevant support organisations. • For medical treatment and forensic follow up post sexual assault with a young person aged over 13 years (in the metropolitan area) refer to: <ul style="list-style-type: none"> ○ SARC – 08 6458 1828 or 1800 199 888 for 24/7 emergency line (free call from landlines). Free medical/ forensic service for people who have disclosed a sexual assault in the previous two weeks. ○ In regional areas, present to local hospital emergency departments for immediate medical attention for injuries and forensic evidence collection (if requested) and access to specialist support for sexual assault. • For medical treatment and forensic follow up post sexual assault for clients aged under 13 years (and up to 16 years) refer to the CPU. • For ongoing support/counselling and medical follow up refer to SARC or SASS or local medical service for emergency contraception, STI 	<ul style="list-style-type: none"> • Adherence to CACH and WACHS clinical handover processes are required when handing over or referring a person within, or outside of the health service. • If the sexual assault occurred greater than two weeks prior to disclosure, forensic evidence cannot be collected. Injury documentation may still be performed. However, this does not commonly occur. • If injuries or other medical concerns require attention, the young person should be offered medical support (hospital or GP) regardless of whether more than two weeks has passed since the sexual assault. • The CPU is based at Perth Children’s Hospital (PCH) and offers specialised clinical consultation to health staff state-wide. The CPU provides an on-call 24/7 service by paediatricians and can be contacted via the main PCH phone number - (08) 6456 2222. • Sexual assault support services in WA (SASS) are available in all seven WACHS regional areas.

Steps	Additional Information
testing and referral to counselling as required.	
<p>4. Report</p> <ul style="list-style-type: none"> • If appropriate, make a mandatory report to Department of Communities. • Consider if the assault may reflect other abuse that requires reporting to Department of Communities. 	<ul style="list-style-type: none"> • Information and online forms for mandatory reporting can be found on the Mandatory Reporting website. • CAHS: See - Child Safety and Protection Concerns • It is for the young person and their parent/guardian to decide whether the assault is reported to the Police.
<p>5. Follow-up</p> <ul style="list-style-type: none"> • If appropriate, assist the young person to identify other suitable support people within the school setting and in their community. • Offer follow up appointment with the young person. 	
<p>6. Professional support</p> <ul style="list-style-type: none"> • Notify Nurse Manager of sexual assault disclosure. • Following consultation with a young person disclosing sexual assault, seek to debrief, as required. 	<ul style="list-style-type: none"> • Nurses may seek assistance directly from the Employee Assistance Program provider. <ul style="list-style-type: none"> ○ WACHS EAP ○ CAHS EAP

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS and WACHS processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Australian Institute of Health and Welfare. Sexual Assault in Australia. Canberra: AIHW, Australian Government; 2020.
2. Bailey C, Shaw J, Harris A. Mandatory Reporting and Adolescent Sexual Assault. Trauma, Violence & Abuse. 2023; 24(2): 454-467.
3. Australian Bureau of Statistics. Personal Safety, Australia, 2021-22 financial year (abs.gov.au)
4. King Edward Memorial Hospital. Sexual Assault Referral Centre Perth, Western Australia: Government of Western Australia; 2024.
5. Khade S, Clarke V, Wellings K, Villalta I, Goddard A, Welch J, Bewley S, Kramer T, Viner R. Mental and sexual health outcomes following sexual assault in adolescents: a prospective study. Lancet. 2018; 2: 654-665.
6. State of Western Australia. Working with Youth - A legal resource for community-based health professionals. Perth: WA Country Health Service; 2020.
7. Western Australian Government. Children and Community Services Act 2004. Perth: Western Australian Government; 2020 updated.
8. Department for Child Protection. Mandatory Reporting of Child Sexual Abuse in Western Australia. A guide for mandatory reporters. Perth, Western Australia: Government of Western Australia; 2008.
9. Australian Institute of Health and Welfare. Sexual Violence. Canberra: AIHW, Australian Government; 2024.
10. Memorandum of Understanding between Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of School Health Services for students attending public schools 2022-25.

Related internal policies, procedures and guidelines

The following documents can be accessed in the CACH Clinical Nursing Policy Manual [HealthPoint link](#) or [Internet link](#) or [WACHS Policies link](#)

[HEEADSSS adolescent psychosocial assessment](#)

[School-aged Health Services](#)

[School-aged health services - secondary](#)

[Sexual health and healthy relationships in adolescence](#)

[Suicide risk response](#)

The following documents can be accessed in the [CAHS Policy Manual](#)


[CAHS Child Safety and Protection](#)

[Clinical Incident Management](#)

Responding to potentially traumatic events
The following documents can be accessed in the WACHS Policy Manual
Responding to Sexual Assault
Clinical Image Photography and Videography
Consent for Sharing of Information: Child 0-17 years Procedure – Population Health
WebPAS Child at Risk Alert
The following documents can be accessed in the CACH Operational Policy Manual
Guidelines for Protecting Children 2020
Mandatory Reporting of Child Sexual Abuse in Western Australia. A guide for mandatory reporters.
Related external legislation, statewide mandatory policies, and guidelines
Consent to Treatment Procedure (MP 0175/22)
Mandatory Reporting of Child Sexual abuse training
Useful internal resources
HEEADSSS Handbook for nurses working in secondary schools
Health Promoting Schools Framework Toolkit – Secondary School – Mental Health and Resilience
Working with Youth – a legal resource for community-based health professionals
Useful external resources
Immediate/crisis support
Child Protection Unit (PCH) offers a free service (including therapy) to children up to 16 years of age, and their families, where there is a concern of abuse or neglect.
Unplanned Pregnancy – 4Choice A free helpline with experienced clinicians providing confidential support to people experiencing unintended pregnancy.
Sexual Assault Resource Centre (SARC) provides a 24-hour emergency service in metropolitan Perth for medical care, a forensic examination and counselling support to people who have been sexually assaulted within the previous 14 days.

SARC brochure for client information.
Kids Helpline 1800 55 1800
1800RESPECT 24-hour service to support people impacted by sexual assault, domestic or family violence and abuse.
Ongoing support and counselling
Aboriginal Health Council of WA provides details of WA Aboriginal Medical Services
Could I have it? STI facts, testing advice and clinic locations.
headspace Youth friendly GP and sexual health clinics. Free, confidential and no Medicare card required.
Medicare for young people in WA Youth Health Policy 2018–2023 Toolkit
Sexual Assault Resource Centre (SARC) offers free, short-term counselling to people who have experienced sexual assault or child sexual abuse, either recently or in the past. This counselling is available in business hours at various Perth locations. Sexual Assault Support Services (SASS) provide crisis and ongoing counselling services for victims of sexual assault. They work in partnership with other agencies such as Aboriginal Health Services and local government departments
Sexual Health Quarters offers counselling, contraception, STI testing and treatment and unplanned pregnancy support at low or no cost.
Yorgum Aboriginal Family Counselling – 1800 469 371
Education and resources
Consent Can't Wait – Youtube video which explains the concept of consent.
Growing and developing healthy relationships - Curriculum materials for WA classrooms.
Get the DIRT (Developing Intimacy and Relationship Training) – CACH F2F course
SARC Information resources – Factsheets and videos covering a range of topics. See Information for under 25s.
SARC Education and training - Learning opportunities for professionals, volunteers and students in WA.

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital