

Sexual Assault Services

Response to White Paper

This submission has been put together by Sexual Assault Medical Services.

This submission responds to the following questions:

1. What services, despite comparatively low volumes, should Tasmania continue to invest, and what interstate supports may be required to maintain them?
2. How well does the proposed Role Delineation framework align with practice in Sexual Assault Services?
3. What are the gaps in the service?
4. How do reduce the burden on the placed on Emergency Departments?

Questions 1: Continuation of Sexual Assault Services despite low volumes

Sexual assault is a significant public health issue and appropriate medical responses to the care and treatment of victims of sexual assault are critical to continuing health outcomes across a person's lifespan.

In 2014, 109 adult and child victims of acute sexual assault were assessed at specialised Tasmanian SAMS (Sexual Assault Medical Service) units¹.

This represents approximately 1.5 examinations per week across the state. Acute medical and/or forensic medical examinations are performed where a person reports that they have been sexually assaulted within the preceding 7 days.

Under-reporting of sexual assault is a significant issue. It is estimated that 80% of people who experience sexual assault do not report the incident.²

One of the major barriers to the reporting of sexual assault in regional areas is the absence of specialist victim services, with "greater distances from support services, medical care and police services impact[ing] on whether victims will feel able to disclose and seek counselling support and whether they will consider reporting to police."³

Therefore, the true demand for Sexual Assault Medical Services is unclear.

¹ Tasmanian Health Organisation - South; 2015; State-wide SAMS Data Collection files 2014.

² Australian Law Reform Commission; 2010; Family Violence - A National Legal Response (ALRC Report 114).

³ Neame A and Heenan M; 2004; "Responding to Sexual Assault in Rural Communities"; Australian Institute of Family Studies Briefing No 3, June 2004, pp 11.

Best Practice

It is best practice for sexual assault victims to be medically examined as soon as possible following the initial report. A medical examination has a number of purposes including:

- The assessment, documentation and provision of treatment for injuries;
- Providing a plan for ongoing medical care for the victim, to address the risks of pregnancy or sexually transmitted infections;
- Providing expedient crisis intervention including the provision of psychological first aid;
- Providing the victim of a recent sexual assault with information regarding the medical, legal and follow-up care choices they have available to them;
- The timely collection of forensic evidence, documentation and preservation of evidence to enhance the ability of law enforcement agencies to successfully prosecute sexual assault cases; and
- The appropriate referral of victims for immediate medical care and ongoing care and counselling as required.

Victims accessing the Sexual Assault Medical Service Units are provided with the option to undergo a medical examination, treatment of injuries and/or advice regarding emergency contraception and STI prophylaxis, or a forensic medical examination including, where appropriate, the collection of biological specimens that may be utilised by law enforcement agencies to prosecute perpetrators of sexual assault.

Victims of sexual assault are also at increased risk of experiencing ongoing mental health concerns. A recent study has found that 42% of women with severe mental illness and 22-35% of men have been victims of sexual violence compared with 10-24% of women and 3-13% of men in the control groups. In addition, 40% of women and 25% of men with mental illness who had experienced sexual violence had attempted suicide as a result.⁴

Tasmania needs to continue providing high quality and timely Sexual Assault Medical Services. To discontinue such services would have adverse physical and mental outcomes for victims and limit their potential to participate in legal processes and receive redress through the justice system.

Questions 2: Sexual Assault Services Service Profile

The Tasmanian Role Delineation Framework (TRDF) does not include a Sexual Assault Service Profile. A separate Service Profile needs to be included in the final TRDF to ensure that victims of sexual assault receive timely and appropriate care and that any evidence is collected and stored correctly.

A number of criteria have been established which specifies how FMEs are to be performed. Firstly, only accredited Sexual Assault Forensic Examiners (Forensic Medical Examiners or

⁴ Pettitt B, Greenhead S, Khalifeh H, Drennan V, Hart T, Hogg J, Borshmann R, Mamo E and Moran P; 2013; At Risk, Yet Dismissed: The Criminal Victimisation of People with Mental Health Problems; MIND UK

Forensic Nurse Examiners) can undertake a FME for acute sexual assaults. Secondly, FMEs should only be performed in designated areas designed to specifically prevent cross contamination of DNA and make the victim feel safe and protected. Best practice states FMEs should not be performed in Emergency Departments or General Practice surgeries.

Due to the above best practice specifications, it is appropriate that a separate Service Profile for Sexual Assault Services be included in the final TRDF.

Recommendation I

That a Service Profile for Sexual Assault Services be included in the final TRDF (Attachment A).

The proposed Service Profile for Sexual Assault Services reflects best practice and aligns with services currently provided within Tasmania.

Question 3: Gaps in the Service

Current service overview

All regions across Tasmania currently have a dedicated 24/7 Sexual Assault Medical Service and private, dedicated Sexual Assault Units located separate to Emergency Departments. These units are staffed by specialised forensic medical and/or nursing professionals and are supported by specialist counselling services.

Attracting and retaining high quality and appropriately qualified staff to work in the area of sexual assault is an ongoing issue.

Forensic Nurse Examiners (FNEs) have been utilised in the care and assessment of sexual assault victims internationally for a number of years, however this is an emerging specialty in Australia.

FNEs are fully qualified nurses and/or midwives, who have additional training in the field of forensic evidence gathering, with particular respect to cases of sexual assault in both adults and children, medico-legal report writing and expert witness testimony.

A nurse-led model of care was introduced in 2008 in response to a lack of availability of qualified medical examiners. This has proven to be more sustainable and cost effective than a GP/doctor-led model.

The RHH currently has two FNEs available to provide assessment, care, medical and/or forensic examinations during business hours with an after-hours on-call service staffed by GP's. Paediatric clients (up to the age of 17 years) are cared for by a team of paediatric specialists who provide a 24/7 service with assistance from paediatric nursing staff and/or the FNE (during business hours) as required.

The LGH has three FNEs who time share during business hours (1 Full Time Equivalent overall). An after-hours on-call service is staffed by nurses/midwives and medical professionals credentialed in sexual assault care. Acute paediatric (over 14 years) examinations are also performed by medical specialists with sexual assault care training but there is no dedicated 24/7 paediatric sexual assault service and funding to provide the same is lacking.

The North West region has two GP's covering the 24/7 on-call roster for Adult Sexual Assault Services. Children under the age of 14 years who are assessed as requiring an acute examination are referred to the LGH or RHH.

Based on the proposed Sexual Assault Services Service Profile the CAG believes that the following levels of service are currently being provided in Tasmania:

- Royal Hobart Hospital (RHH) – Level 6
- Launceston General Hospital (LGH) – Level 5
- North West Regional Hospital (NWRH) – Level 4
- Mersey Community Hospital (MCH) – No Service; Cover provided by NWRH

The Sexual Assault Medical Service supports these ratings going into the future. In order to effectively meet future demands for this service a state-wide Sexual Assault Service based on a hub and spoke model is required.

The hub (Level 6 service) could be based at either the RHH or LGH. The site not designated as the hub would form one of the spokes (i.e. Level 5 service) along with the services provided at the NWRH (i.e. Level 4 service).

Governance

There is no state-wide governance for Sexual Assault Medical Services.

A common, systematic approach to assessment, treatment and review of victims across the state is essential so that all victims of sexual assault are assured of receiving the same quality service response wherever they present in the state.

The benefits of implementing state-wide governance include:

- Supporting the co-ordination of education and training activities;
- The development of consistent policies and procedures across all centres;
- Increased research and education capabilities through the sharing of clinical advice, research and knowledge;
- Enhanced peer review and support;
- The development and maintenance of consistent referral pathways; and
- Effective workforce planning – recruitment, retention, leave cover in regional areas.

Recommendation 2

Development of a statewide Sexual Assault Medicine Service model. Funding and management of personnel to be managed locally.

State-wide clinical advice

To provide a Level 6 Service a State-wide Clinical Director will need to be appointed as part of the state-wide governance structure to provide clinical leadership, management of contractual arrangements with a Centre of Excellence, development of peer support and training networks.

Forensic Science Services Tasmania (FSST) currently provides specialist advice and support with respect to the collection and storage of forensic evidence.

Due to the difficulties in recruiting to Tasmania, it may be more appropriate to establish a partnership arrangement with an interstate sexual assault medicine service to provide advice and improve opportunities for education and training, quality assurance, policy and procedure development, evaluation and standardisation of sexual assault services.

This would provide those currently involved in sexual assault services in Tasmania with access to research, policy and program advice, initial and on-going training for sexual assault forensic examiners, and publications and resources undertaken at the highest level in Australia. It would also allow for peer review and evaluation which are crucial to ensuring quality of care and safety for victims.

Education and professional development

There are limited training options for sexual assault forensic examiners (SAFE) across Australia.

In 2014, the University of Tasmania (UTAS) offered a Graduate Certificate in Forensic Nursing – the only one of its kind in Australia. This resulted in four nurses qualifying as forensic nurse examiners. All four have now been employed by the public service as SAFE's (one based in the RHH and three based in the LGH).

Despite this, due to the low numbers, the course is not being offered by UTAS in 2015 or the foreseeable future. This will impact on the number of FNE being accredited and will have a flow on effect to the sustainability of the service. Due to the nature of service, there is the potential for a high turnover of FNEs. To maintain the service, it will need to have access to a pool of qualified FNEs.

In the past the service had links with Victorian Institute of Forensic Medicine/Monash University in Victoria for the provision of training for SAFE's. While Monash University continues to offer a Masters of Forensic Medicine, admissions to this course are limited to registered medical or dental practitioners. The course has not been open to nurses/midwives since 2011. Currently options for Tasmanian nurses/midwives to access the

Graduate Certificate in the Forensic and Medical Management of Adult Sexual Assault offered by the Education Centre Against Violence (NSW) in 2016 are being explored.

Further, once a nurse/midwife has qualified as a FNE/SAFE there are limited professional development opportunities within Australia. As an emerging speciality, nurses/midwives do not have strong research networks to collaborate with and pool resources. Professional development opportunities are self-initiated, often involving research conducted off the side of their desk.

Recommendation 3

That dedicated study time be built into forensic nurse examiners statement of duties to allow for professional development and research.

General Practitioners/Medical Practitioners

The Royal Australian College of General Practitioners (RACGP) and Royal Australian College of Obstetricians and Gynaecologists (RANZCOG) have provided accreditation for the Medical Management of Acute Adult Sexual Assault courses provided annually by THO-S and THO-N leading to credentialing of medical practitioners as SAFEs. This training is also accessible to nurses and midwives but does not provide a qualification leading to accreditation as a FNE/SAFE.

Question 4: Reducing the burden on Emergency Departments

SAMS Units provide a single, safe location for victims of sexual assault to access timely specialist medical care, counselling, advice and support in a private, secure and confidential environment located away from the hectic Emergency Department environment.

Dedicated Sexual Assault Examination rooms are located adjacent to or in close proximity to the Emergency Departments in all three centres.

However, Emergency Departments are not always an appropriate pathway for access to specialist services for victims of sexual assault. In many instances victims of sexual assault face long waiting times and delays in accessing specialist SAMS services when they present to Emergency Departments due to triaging criteria. This may have the effect of:

- Increasing their level of distress and psychological trauma;
- Becoming a barrier to accessing medical and/or forensic care with victims deciding not to report an assault due to long waiting times for review;
- Difficulties with privacy and confidentiality;
- Limiting a victim and their family/support people's access to crisis counselling and care; and
- Delaying the collection of forensic evidence which, if a victim chooses to report the incident to law enforcement agencies, may assist in the successful prosecution of

sexual assault cases (e.g. the quality and amount of forensic evidence degrades due to delay or is lost due to normal body functions).

Establishing appropriate referral pathways will ensure victims of sexual assault receive timely and appropriate care. This would ensure that victims of recent sexual assault receive access to timely medical care and if the victim wishes a high standard of forensic evidence collection. Any victim who requires additional medical care and/or support can be reviewed by the SAFE and referred to the Emergency Department as required.

Recommendation 4

Collaborative service agreements between primary, secondary and tertiary care which provide a clear referral pathway for victims of sexual assault are in place in each region.

Sexual Assault Services

Sexual Assault Services provide medical care to children and adults who have experienced a recent sexual assault (within the preceding 7 days).

The service offers forensic medical examinations (FME) to victims of recent sexual assault. FMEs are conducted principally to aid the investigation of a criminal/legal matter through the collection of biological and other materials. It also allows initial treatment for injuries and provides a plan for ongoing medical care for victim to address the risks of pregnancy or sexually transmitted infections.

The scope of this Framework describes the service, its requirements and the minimum staffing needs and clinical support services required within each level.

Level 1 Sexual Assault Services

No Level 1 service. Refer to higher level.

Level 2 Sexual Assault Services

No Level 2 service. Refer to higher level.

Level 3 Sexual Assault Services

No Level 3 service. Refer to higher level.

Level 4 Sexual Assault Services

Service description

A Level 4 service undertakes forensic medical examinations on adults who have experienced a recent sexual assault (within the preceding 7 days). It does not perform acute forensic medical examinations on children. A Level 4 service also facilitates access to initial and follow-up medical care and counselling services.

Service requirements

- Has qualified Forensic Examiner/s on call
- Designated area for sexual assault care and examination separate to Emergency Department care but within the hospital setting
- Has no after-hours sexual assault medical service

- Able to assist with transport to a higher level service
- Formal links with a 24 hours/ 7 days crisis counselling service
- Access to medical care
- Training and adherence to *Child, Young Persons and Their families Act 1997*; *Family Violence Act 2004*; Collaborative Interagency Agreements in all regions for Victims of Recent Sexual Assault.

Workforce requirements

As for Level 4 plus:

- Qualified Forensic Nurse/Midwife Examiner on-call.

Support service requirements

Anae	ICU/HDU	Path	Phar	Rad
-	-	1	3	-

Level 5 Sexual Assault Services

Service description

A Level 5 service undertakes forensic medical examinations on children and adults who have experienced a recent sexual assault (within the preceding 7 days).

A Level 5 service also facilitates access to initial and follow-up medical care and counselling services.

Service requirements

As for Level 4 plus:

- Has qualified Forensic Medical Examiner and/or Forensic Nurse/Midwife Examiner
- Access to a Level 3 Emergency Medicine Service
- Access to specialist care including mental health, surgery, gynaecology and drug and alcohol services
- Colposcopy for children available
- Program of community education and professional training.

Workforce requirements

As for Level 4 plus:

- Qualified Forensic Medical Examiner or Forensic Nurse/Midwife Examiner.

Support service requirements

Anae	ICU/HDU	Path	Phar	Rad
-	-	4	4	-

Level 6 Sexual Assault Services

Service description

A Level 6 service provides a statewide service and accepts referrals from lower level services.

Service requirements

As for Level 5 plus:

- Statewide referral role
- Has a designated coordinator
- Statewide Clinical Director to provide specialist advice
- Research role
- Provide extensive program of community education and professional training.

Workforce requirements

As for Level 5 plus:

- Designated coordinator (can be a nurse or a midwife)
- Statewide Clinical Director.

Support service requirements

Anae	ICU/HDU	Path	Phar	Rad
-	-	4	4	-

