BACKGROUND

In response to Recommendation 187 of the Gordon Inquiry, protocols between the Department for Community Development (DCD), the Department of Health (DOH) Communicable Disease Control Directorate (CDCD) and the Western Australian Police (WAP) Child Protection Squad, have been in operation since 1 July 2004.

Under the protocols, the Department of Health advises the Department for Community Development and the Western Australian Police of:

- Children under 14 years of age with a sexually acquired sexually transmitted infection.
- Children aged between 14 and 16 years of age with a sexually transmitted infection, if there is a suspicion, or it is possible, that sexual abuse occurred.

The protocol involves parallel reporting; firstly, from the CDCD to Central Office DCD and WA Police, and secondly, to avoid any potential for delayed reporting that might place a child at ongoing and serious risk, through independent referral by local health staff to local DCD and/or WA Police officers on laboratory confirmation or on clinical diagnosis.

This Directive includes:

- explanation of the processes and responsibilities for local referral and reporting;
- a sample Area Health Service Local Protocol to be tailored in each Health Region with relevant local contact details (Attachment 1);
- forms for initial reporting to CDCD and three-month follow-up (Attachments 2 and 3);
- flow charts for reporting (Attachments 4 and 5); and
- contacts for DCD and WA Police (Attachments 6 and 7).

Local Referral Processes

- The diagnosing practitioner is required to contact the DCD Office responsible for the suburb, town or locality where the child is residing. DCD policy is that case management and service delivery, where possible, should be located where the child/significant parent/family reside. A list of localities for metropolitan and country areas and the corresponding DCD Office has been provided to the Communicable Disease Control Directorate and distributed to Public Health Units. Contact numbers for local DCD offices are attached to this Guideline.
• The DOH and WA Police will nominate a key officer in each region who is responsible for ensuring local referral is completed. For consistency, this should be the Public Health Nurse based in the Population Health Unit for DOH, and the Sergeant who is responsible for following up child sexual abuse at the Regional level for WAP. These officers’ names and contact details are included in these protocol documents [see attachments].

• Officers from DCD and the Police will either meet or have a telephone conference with the diagnosing practitioner, wherever possible, prior to action being taken.

Key Principles

• **Contact between the three agencies** at the local level prior to action being taken by DCD and Police is essential to a coordinated response.

• Building and maintaining relationships across agencies is the foundation of the success of this protocol. It will require a commitment by individuals to ongoing communication and to addressing issues as they arise. Established processes will enable the flow of information but the commitment to maintaining lines of communication will ensure effective responses.

• Clear delineation of roles and lines of communication.

Systems to Monitor Effectiveness and Compliance with the Protocol

• A single, consistent system to code and track notifications will be maintained by all three agencies.

• Each agency will establish a process for regular monitoring of the protocol as follows:
  
  • **DOH:** On a six monthly basis, the number of notifications received and on-reported to WAP and DCD from CCD will be checked against the numbers reported by health care providers to local DCD and Police. The analysis will be sent to Regional Population Health Units. Confirmation of treatment, contact tracing and education provided to each child will be collected and used for case monitoring.

  • **WAP:** On a six monthly basis, the number of notifications received by WAP from CCD centrally and at the Regional level will be compared; the numbers of cases followed up by Police Officers will be recorded; and the outcome of each case will be recorded for case monitoring.

Training and Regular Support

• Each agency is responsible for ensuring that workers receive appropriate and timely orientation, regular updates and necessary training to implement the protocols.

• In addition, all agencies are to provide regular opportunities for interagency meetings, updates and information sharing.

Dr Neale Fong  
DIRECTOR GENERAL  
DEPARTMENT OF HEALTH
ATTACHMENT 1
Sample Area Health Service Local Protocols (to be tailored in each Health Region)

[Insert name] Region Recommendations regarding the notification of sexually transmitted infections in children under 14yrs and between 14 and 16 years where sexual abuse is suspected.

[Date]

As a result of the Gordon Inquiry into sexual abuse in children, the Director of Communicable Disease Control in Perth has developed interdepartmental protocols to notify the Department of Community Development (DCD) and WA Police of all positive cases of STI in children under the age of 14. These protocols also apply to children aged 14 to 16 years where sexual abuse is suspected. The primary aim of these protocols is child protection.

The most significant impact on primary health service providers is that on receipt of a positive STI notification of gonorrhoea, chlamydia or syphilis, in a child under 14 years, the [insert name] Region Population Health Unit will contact the Health Service where the child was seen, as below.

[Insert name] Region Population Health Unit responsibilities:

1. Verify that details including the name, age, address and type of infection provided are correct.
2. Verify that each case is a STI and not some other form of infection such as perinatal infection, conjunctivitis or trachoma.
3. For mature minors, gain an idea of whether this may represent consenting sexual activity with someone of similar age.
4. Ascertain from the clinical practitioner that the case has been/will be reported to the local DCD and Police.
5. Inform the clinical practitioner that they will be contacted by either DCD or the Police to ask for their assistance in any investigation that follows.
6. Suggest relevant experts who can be contacted regarding the management of the health aspects of the case, e.g. community paediatrician, SARC, doctors with SARC expertise.
7. Assist health staff in completion of the referral form attached.

Responsibilities of health staff:

(a) Ring the regional WA police contact officer [name] [mobile phone number] who will coordinate the police response with designated, specially trained staff.
(b) Ring the local DCD (numbers overleaf) who will coordinate the DCD response. Officers from DCD and Police will contact the relevant health care provider and discuss the case prior to any action being taken. It is anticipated that these agencies will use discretion in their approach with adolescents in whom sex is more likely to have been consensual, however, DCD’s policy and practice guidelines state all STI referrals will be investigated.
(c) Complete the referral form attached.
(d) Fax the completed Referral form to [Insert name] Region Population Health Unit on the confidential fax [confidential fax number].
(e) Place the original in the child’s notes.
(f) Ensure 3/12 health follow-up of the child and liaise with Police and DCD as required. Refer directly to DCD if there are concerns for the safety of the child.

(g) Complete the follow-up form (Attachment 4).

Assistance with the above is available from the [Insert name] Region Population Health Unit public health RN on [RN's number].

This should not change the way health service providers deal with and document the issues of suspected child sexual assault and STI management (e.g. contact tracing, treatment and follow-up).

If the health service provider feels that a child of any age (and regardless of negative STI screen) is at risk then they have a duty of care to directly contact the Department of Community Development or Police to express those concerns. Assistance with management can be obtained from the Community Paediatrician or registrar, or other contacts as below. [Insert name] Region contacts

**Clinical Management**

Dr [Insert name], Community Paediatrician [number]

Dr [Insert name] [Insert name] Region Public Health Medical Officer [number] [mobile number]

PMH Child Abuse Unit 9340 8646

**Cultural local support and expertise**

[Insert name/s and number/s]

**Police**

Incident Management Unit Co-ordinator - [name] [number] [mobile number]

**Department for Community Development**

Case Management Co-ordinator [name] [number]

**Local DCD office contacts**

Town [number]
Town [number]
Town [number]
**REPORT OF A SEXUALLY TRANSMISSIBLE INFECTION IN:**
(a) A child < 14 years of age, or
(b) An adolescent aged 14 or 15 years in whom sexual abuse is suspected

**Child Details**

Give Name: ____________________________  Family Name: ____________________________

Address: Street: ____________________________

Suburb/Community: ____________________________  Postcode: __________

Date of Birth: dd mm yyyy  Aboriginal:  Sex: Male  Non-Aboriginal:  Female

Age (at onset) __________ years

**Notification Details**

Disease: ____________________________  Site of Infection: ____________________________

Date of onset: dd mm yyyy  Date of specimen: dd mm yyyy

Reason test performed __________________________________________

Contact tracing – age of contacts? __________________________________________

**Diagnosing Doctor/Nurse Details**

Name: ____________________________  Telephone: ____________________________

Address: ____________________________

Date details verified with doctor/nurse: dd mm yyyy  Essential: __________

Practitioner believes infection: (tick one box only)
- Definitely sexually acquired
- Probably sexually acquired
- Definitely not sexually acquired*
- Don’t know

*Provide explanation: __________________________________________

**Local DCD and Police Referral Details**

Has this case already been reported to Department of Community Development or Police? Yes*/No/Don’t Know

*If yes, provide details: __________________________________________

DCD notification – officer’s name __________________________________________

(date and time) ________ / ________ / 20 at ________: ____ hrs

Police notification – officer’s name __________________________________________

(date and time) ________ / ________ / 20 at ________: ____ hrs
## Carer Involvement

### Mature Minors Only

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<tr>
<th>Question</th>
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<th>No</th>
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<tr>
<td>Client aware of result?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client aware of involvement of police and DCD?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Carer Name (if applicable)**

Carer/parent aware of testing? [ ] Yes [ ] No
Carer/parent aware of result? [ ] Yes [ ] No
Carer/parent aware of involvement with police and DCD? [ ] Yes [ ] No

## DOH Action

Name of DOH Officer completing form:

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
</table>

Reportable Case: [ ] Yes [ ] No

Endorsed:

Dr Paul Van Buynder  
DIRECTOR  
COMMUNICABLE DISEASE CONTROL DIRECTORATE  

Date: _____ / _____ / 20
REPORT OF A SEXUALLY TRANSMISSIBLE INFECTION IN:
(a) A child < 14 years of age, or
(b) An adolescent aged 14 or 15 years in whom sexual abuse is suspected

FOLLOW-UP AND FEEDBACK

Please complete the following and fax to (08) 9388 4888.

Child Details

Give Name: ________________________________________________________________
Family Name: ____________________________________________________________

Date of Birth

dd  mm  yyyy

Treatment Given: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Number of contacts named: __________________________
Number of contacts seen: __________________________

Education Provided:  [ ] Yes  [ ] No

Three month re-screen for STIs: Date: _______ / _______ / 20____

Reporting Doctor/Nurse Details

Name: ___________________________________________________________ Telephone: ______________________________

Date: _______ / _______ / 20____
ATTACHMENT 4

Reporting Flow Chart for Health Practitioners to report Sexually Transmissible Infections in Children less than 14 years of age

Child
Age < 14

Doctor or Nurse makes clinical or laboratory diagnosis of a Sexually Transmissible Infection (STI)

Laboratory Confirmation

Communicable Diseases Control
- confirm site of infection
- confirm STI organism
- confirm age & name
- exclude cases that are unrelated to sexual activity

Director of Communicable Disease Control
Reports detail of STI and concern of sexual abuse

Department for Community Development & WA Police

At any point, if you have concerns/escalation of concerns about abuse, neglect, family and domestic violence, consult with an appropriate Health worker or your line manager and then with the PMH Child Protection Unit

May seek advice
ATTACHMENT 5
Reporting Flow Chart for Health Practitioners to report Sexually Transmissible Infections in Children 14 – 16 years of age

Teenager
Aged 14 years – 16 years

Doctor or Nurse makes clinical or laboratory diagnosis of a Sexually Transmissible Infection (STI)

Laboratory Confirmation

Sexual Abuse is Suspected

Communicable Diseases Control
- confirm site of infection.
- confirm STI organism.
- confirm age and name.
- exclude cases that are unrelated to sexual abuse.

Director of Communicable Disease Control
Reports detail of STI and concern of sexual abuse

Department for Community Development & WA Police
ATTACHMENT 6

WA Police contacts for local notification of STI in children

Peel
Sergeant Rochelle BAILEY 7574 Family/DV officer for the Peel District .... 9581 0266
Sergeant Harry RUSSELL 5995 Peel Incident Manager ......................... 9581 0238

South West
Sergeant Dave HURDLE, Family Protection Co-ordinator ................. 9722 2011

Great Southern
Sergeant Merryn Bojcun 5612 - Family Violence Unit -telephone ........ 9892 9328

Wheatbelt
OIC of Wheatbelt Detectives Det Sgt Craig DAVIS 8572. Det Sgt Davis has requested that
the notifications be sent to the Station SMAIL to ensure action when he is absent..
................................................................. 9622 0268

Goldfields/Esperance
IMU- Senior Sergeant Shaun Denness ............................................. 9021 9743
Karen Thompson (Analyst).................................................................. 9021 9734

Family Protection DVO - Sergeant James Parker & I/C Constable Carolyn Porter
......................................................... 9021 9774 or 759

Mid West/Gascoyne
SGT Kevin Bennett 5664 – Family Protection Domestic Violence Officer 9923 4629

Pilbara
FVCPO Sergeant J Demar 7262 ......................................................... 9182 2209
Sergeant L J Miller IMU Manager (Pilbara DO)................................. 9182 2222

Kimberley
Sgt Peter Jenal, IMU/Crime Manager ................................................. 9194 0216
## DCD LOCAL OFFICE CONTACT NUMBERS

### Metropolitan Offices:
- Armadale: (08) 9497 6555
- Cannington: (08) 9351 0888
- Fremantle: (08) 9431 8800
- Joondalup: (08) 9301 3600
- Midland: (08) 9274 9411
- Mirrabooka: (08) 9344 9666
- Perth: (08) 9214 2444
- Rockingham: (08) 9527 0100

### Regional Offices

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>(08) 9841 0777</td>
<td>Kununurra</td>
<td>(08) 9168 0333</td>
</tr>
<tr>
<td>Broome</td>
<td>(08) 9192 1317</td>
<td>Mandurah</td>
<td>(08) 9535 6688</td>
</tr>
<tr>
<td>Bunbury</td>
<td>(08) 9722 5000</td>
<td>Meekatharra</td>
<td>(08) 9981 1104</td>
</tr>
<tr>
<td>Busselton</td>
<td>(08) 9752 3666</td>
<td>Merredin</td>
<td>(08) 9041 1622</td>
</tr>
<tr>
<td>Carnarvon</td>
<td>(08) 9941 1244</td>
<td>Moora</td>
<td>(08) 9651 1100</td>
</tr>
<tr>
<td>Collie</td>
<td>(08) 9734 1699</td>
<td>Narrogin</td>
<td>(08) 9881 0123</td>
</tr>
<tr>
<td>Esperance</td>
<td>(08) 9083 2566</td>
<td>Newman</td>
<td>(08) 9175 1051</td>
</tr>
<tr>
<td>Fitzroy Crossing</td>
<td>(08) 9191 5002</td>
<td>Northam</td>
<td>(08) 9622 0170</td>
</tr>
<tr>
<td>Geraldton</td>
<td>(08) 9921 0768</td>
<td>Onslow</td>
<td>(08) 9184 6005</td>
</tr>
<tr>
<td>Halls Creek</td>
<td>(08) 9168 6114</td>
<td>Port Hedland</td>
<td>(08) 9173 1877</td>
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<tr>
<td>Kalgoorlie</td>
<td>(08) 9022 0700</td>
<td>Roebourne</td>
<td>(08) 9182 1208</td>
</tr>
<tr>
<td>Karratha</td>
<td>(08) 9185 0200</td>
<td>Southern Cross</td>
<td>(08) 9049 1016</td>
</tr>
<tr>
<td>Katanning</td>
<td>(08) 9821 9000</td>
<td>Tom Price</td>
<td>(08) 9189 1592</td>
</tr>
</tbody>
</table>

After Hours call Crisis Care Unit: (08) 9223 1111 or 1800 199 008