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Responding to a Recent Sexual Assault Procedure

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Contents

1. Purpose.....	4
2. Sexual Assault Resource Centre role	4
3. Children and adolescents.....	5
4. Health care professionals role.....	5
5. Responding to an initial presentation	5
6. Police involvement	5
7. Crisis support worker and support person.....	6
8. Consent.....	6
8.1 Consent to treatment	6
8.2 Consent to forensic care.....	6
8.3 Complex consent issues.....	7
9. Provision of medical care	7
10. Forensic Examination and Collection of Forensic Evidence	8
10.1 Ordering of kits.....	8
10.2 Types of toxicology specimens, kits and police involvement	8
10.2 Undertaking examination specimen collection	9
11. Psychosocial support and safety	9
12. Referrals	9
13. Documentation	10
14. Definitions.....	10

1. Purpose

This procedure supports the mandatory policy [MP 0192/25 Responding to a Recent Sexual Assault Policy](#). It outlines the minimum processes to be implemented by Health Service Providers (HSPs) when responding to individuals (the patient) aged 13 years or older who present to a health service following a recent sexual assault.

This procedure provides a consistent approach for treating individuals to ensure they can access medical and forensic care, where appropriate, and minimise the potential for further trauma.

This procedure summarises the key processes for the assessment and management of a patient following a recent sexual assault, including appropriate documentation. Each step highlights matters for the health care professional as well as additional information for noting.

For the purposes of this procedure (and the associated policy), the following terms are defined as:

- 'recent', this is considered to be an incident within the last two-week period since the sexual assault.
- 'historical', this is considered to be an incident that is more than two weeks.

2. Sexual Assault Resource Centre role

The Sexual Assault Resource Centre (SARC) provides a specialist consultation service for medical care, forensic examination and psychosocial support for individuals aged 13 years or older who have been recently sexually assaulted. This consultation service is available by telephone 24 hours a day, 7 days a week.

The SARC team provide:

- a 24/7 state-wide teleconsultation specialist service for health care professionals.
- education, training and support to health care professionals who provide care for patients who have experienced sexual assault.
- resource material for health care professionals and consumers.
- SARC doctors and counsellors who provide care for patients in metropolitan Perth:
 - at the SARC clinic or
 - at a metropolitan hospital
- services regardless of whether there is police involvement.

Individuals can contact SARC counsellors directly for telephone advice regarding SARC services. Psychological and counselling support is available to individuals for both recent and historical sexual assault.

Depending on the individual case, patients may be reviewed by a SARC doctor at SARC or at the metropolitan health service or hospital.

3. Children and adolescents

The Child Protection Unit (CPU) at Perth's Children Hospital provides services for children aged 15 years or younger regarding concerns of child sexual abuse. SARC doctors provide services for patients aged 13 years or older.

Where the patient is aged between 13 and 15 years old, the health care professional can contact either the CPU or SARC for initial advice. A decision on which agency is best placed to provide ongoing patient care is determined based on the individual case factors.

4. Health care professionals role

Health care professionals including administrative professionals, medical professionals and other relevant health professionals, must:

- respond to disclosures of sexual assault in line with trauma informed care principles. More information is available at: North Metropolitan Health Service, Sexual Assault Resource Centre: [Sensitive-trauma-healthcare-practice.pdf](#)
- consider and provide services appropriate to the patient's cultural and linguistic needs, sex, diversity, gender, ethnicity, religion, disability, age and developmental stage.
- provide appropriate forensic, medical and psychological care.

5. Responding to an initial presentation

When responding to an initial presentation by a patient, healthcare professionals are to:

- triage and manage urgent medical concerns. Urgent medical concerns have priority over forensic examination and specimen collection.
- utilise the checklist in the SARC First Response Pack to obtain information about the sexual assault using trauma-informed principles. The First Response Pack includes important information to be provided to the individual/patient. Consider the need for early evidence collection or forensic toxicology.
- contact SARC for advice.

It is recommended that non-urgent surgical and gynaecological management and any internal examinations be conducted in liaison with the SARC doctor so that arrangements for an appropriate forensic examination can be made. Health care professionals can contact SARC for advice at any stage of patient presentation.

For information regarding Provision of Medical Care, see Section 9 below.

6. Police involvement

Police may or may not be involved when a person presents to a health service. Health care professionals must reassure patients that they can access services without reporting to the police. For a sexual assault, there is no requirement for the health care professionals to notify police, except in the circumstance of child sexual abuse, where

mandatory reporting is required under the [Children and Community Services Act 2004](#) (refer to [MP 0166/21 Mandatory Reporting of Child Sexual Abuse Policy](#)). However, the health care professional can assist patients who want to report to the police.

7. Crisis support worker and support person

Health care professionals must consider whether to contact an appropriate crisis support worker and/or support person as required.

The role of the crisis support worker (e.g. counsellor, Aboriginal liaison officer, social worker, psychologist) is to provide support throughout the process, assess risk and safety issues, provide information, and referrals to help meet the individual's psychosocial needs.

The role of a support person is to provide emotional support. A support person can include a family member, friend, carer or guardian.

8. Consent

8.1 Consent to treatment

Consent to treatment is a patient's voluntary agreement for a healthcare professional to proceed with a specific proposed treatment or procedure. It is a crucial part of ethical and legal healthcare practice, ensuring patients have the right to make informed decisions about their care.

Health care professionals must seek the patient's consent in accordance with [MP 0175/22 Consent to Treatment Policy](#) prior to providing treatment for any medical conditions.

8.2 Consent to forensic care

Collecting forensic evidence is not a therapeutic procedure and the doctrine of necessity does not apply; therefore, specific informed consent is required for forensic examination and collection of forensic evidence.

If the patient does not have capacity to consent (as outlined in [MP 0175/22 Consent to Treatment Policy](#)) to a forensic examination, then the forensic examination must be delayed either until the person has capacity to consent or consent has been obtained via appropriate procedures.

In addition to appropriate consent, a forensic examination must only be undertaken with the assent/agreement of the patient.

The health care professional must assess the patient's capacity and obtain written consent for the following forensic aspects (noting patients may choose only to consent to some of the following):

- general physical examination
- external genito-anal examination
- internal genito-anal examination
- collection of forensic specimens
- release of forensic specimens to police
- photography where appropriate resources are available which are compliant with localised HSP policy, noting that personal devices are not considered compliant
- providing a verbal report to police
- providing a written report for police, which includes releasing a copy of the photographs (if applicable) and relevant medical and forensic records and the preliminary report for review by SARC.

If police are involved, consent to receive the forensic samples is obtained as detailed in [Criminal Investigations Act 2006](#).

8.3 Complex consent issues

Complex consent issues should be discussed with a SARC doctor.

This would include:

- patients impaired by drugs and/or alcohol and/or physical illness
- patients with current mental illness which could impair capacity
- patients with intellectual impairment affecting their capacity
- a minor (i.e. under 18 years).

If a person is unable to consent to a full forensic examination (which could include internal intermate specimen collection), e.g. due to temporary intoxication, an Early Evidence Kit and/or Forensic Toxicology Kit may be collected to prevent the loss of time-sensitive evidence.

However, any time-sensitive forensic specimens collected whilst the person is unable to consent must not be handed over to the police until written consent can be obtained to do so, e.g. when the person/patient is no longer intoxicated.

For patients who have been sexually assaulted and are under the care of the Chief Psychiatrist, health care professionals must comply with the [Chief Psychiatrist of Western Australia Policy for Reporting of Notifiable Incidents to the Chief Psychiatrist](#).

9. Provision of medical care

When providing medical care to consenting patients who have experienced recent sexual assault, health care professionals must manage the following:

- physical health issues as required
- injuries/illness
- emergency contraception

- sexually transmitted infection risk
- mental health issues as required.
- complete appropriate referrals for patient follow-up.

10. Forensic Examination and Collection of Forensic Evidence

10.1 Ordering of kits

Health Service Providers can order First Response Packs, Early Evidence Kits (EEKs), Forensic Toxicology Kits (FTKs) and Sexual Assault Forensic Examination Kits as follows:

- Metropolitan hospitals can order these from the State Distribution Centre (SDC) and have on imprest.
- WACHS sites are required to order direct from supplier utilising the below information/UCN codes through iProcurement:

UCN	Product Code	Description	Unit of Purchase
200266H	XS-SARCEEK	Sexual Assault Early Evidence Kit	Each
296998K	XS-SARCTOX	Sexual Assault Forensic Toxicology Kit	Each
296999M	XS-SARCFRP	Sexual Assault First Response Pack	Each

10.2 Types of toxicology specimens, kits and police involvement

Early evidence or forensic toxicology specimens can be collected as per instructions in the relevant kit. Health care professionals are recommended to contact SARC to seek advice on the kits and specimen collection. Further information regarding how to use the kits is available via SARC website (<https://www.kemh.health.wa.gov.au/For-Health-Professionals/SARC>).

When police are involved, EEKs and FTKs can be handed to police once the patient has provided consent.

Where police are not involved, Early Evidence and/or Forensic Toxicology kits are stored at PathWest Queen Elizabeth II for 12 months. Further information regarding this process is available via SARC website (<https://www.kemh.health.wa.gov.au/For-Health-Professionals/SARC>).

Full Forensic examination kits (not an EEK) must only be collected after discussion with SARC. SARC will provide advice on who is permitted to collect these specimens.

10.2 Undertaking examination specimen collection

The timing and nature of the sexual assault affects the collection of forensic specimens. Consult with SARC medical team for case-specific advice for forensic sample collection. Ideally, patients should be examined as soon as practical. Healthcare professional can discuss delays with SARC doctors. If there are any delays, the collection of forensic evidence using the EEK must be considered.

When conducting a full forensic examination and specimen collection (not an EEK), the health care professional must discuss with SARC and:

- obtain a copy of the signed Involved Person Forensic Procedure Consent Form (CIA form) when the assault has been reported to the police.
- prepare and conduct the examination with appropriate deoxyribonucleic acid (DNA) minimisation principles.
- examine and document injuries considering the need for photographing injuries.
- collect appropriate forensic and medical specimens.
- maintain and document chain of evidence.

11. Psychosocial support and safety

Health care professionals must use a trauma informed approach when caring for patients who have experienced a recent sexual assault. This must include adopting principles and practices of privacy and confidentiality, providing and respecting choices and offering the access to support people. See the SARC website for more information (<https://www.kemh.health.wa.gov.au/For-Health-Professionals/SARC/Resources>).

Health care professionals must assess the patient for any ongoing safety risks, including to self, such as individuals at risk of harm. Where ongoing risks are identified, the health care professional must develop risk management, consider social supports available to the patient and refer to additional services as required.

Whilst providing psychosocial support, healthcare professionals must also consider the following and refer to the listed resources where relevant:

- Family and domestic violence: refer to local Family and Domestic Violence Policy
- Elder sexual abuse: refer to [MP 0121/19 Responding to the Abuse of Older People Policy](#) and follow relevant processes
- For children at risk: refer to [Guidelines for Protecting Children 2020](#) (Government of WA, Child and Adolescent Health Service)
- For child sexual abuse: refer [MP 0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy](#)

12. Referrals

The health care professional must discuss referral options with the patient and refer them to appropriate support and medical services. The individual/patient must receive written documentation of the follow-up medical plan, including treatment and referral.

The health care professional must consider providing information about SARC and/or other local sexual assault support services. If the individual/patient declines, follow up by other support and/or medical services to ensure the patient is aware that they can access counselling and medical support at a later time.

13. Documentation

Accurate and detailed documentation is important for patients who report sexual assault. Often medical notes may be requested many months, even years after the initial presentation to assist with legal proceedings. HSPs are to adhere to the local HSP specific documentation policy.

When a patient is to be transferred to SARC, the healthcare professional must ensure the relevant medical records are available either by the digital medical record (DMR) or sent via sarcdrs@health.wa.gov.au.

For regional health services who provide full forensic examinations, the following apply:

- SARC examination records contained within the Sexual Assault Forensic Examination Kit are completed to document the medical and forensic assessment
- medical notes include a summary with the outcome, key findings, and discharge plan
- file and securely store all medico-legal records, such as the SARC examination records, photographs and reports provided to the Police, separately from the patient's medical record.

14. Definitions

Early Evidence Kit (EEK)	EEK is a pre-prepared kit supplying all the equipment and instructions required to collect early evidence from the patient pending a full forensic examination. The kit standardises the specimens collected as well as the techniques utilised during the collection.
First Response Pack	A pack to assist those in responding to disclosure of sexual assault. It contains a Sexual Assault Checklist to help guide relevant history taking and a 'Patient information' leaflet for use when someone has disclosed a recent sexual assault.
Forensic Toxicology Kit (FTK)	FTK is a pre-prepared kit supplying all the equipment and instructions required to collect forensic toxicology samples from the patient pending a full forensic examination. The kit standardises the specimens collected as well as the techniques utilised during the collection.
Regional (non-metropolitan) / Perth metropolitan health service areas	The Regional/Perth metropolitan health service areas are demonstrated within the health district maps: <ul style="list-style-type: none"> • East Metropolitan Health Service • North Metropolitan Health Service • South Metropolitan Health Service

	<ul style="list-style-type: none"> • WA Country Health Service
Sexual assault	Sexual assault can be any sexual behaviour or act which is threatening, violent, forced, coercive, or exploitive and to which the person has not given consent or was not able to give consent.
Sexual Assault Forensic Examination Kit	Sexual Assault Forensic Examination Kit includes Female Forensic Assault Examination Kits and Male Forensic Examination Kits and are pre-prepared kits for regional/non-metropolitan areas. The kit includes all the equipment, instructions and documents required to collect forensic specimens and perform a full forensic examination.
Trauma informed care	A strength-based model which is founded on the principles and practice of safety, trust, collaboration, choice, and empowerment. It recognises the importance of individuals and organisations in providing appropriate care in a manner which is non-judgemental and sensitive to the needs of individuals affected by trauma.

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