



# SARC in Australia

Dr Maire (Moya) Kelly

# A bit about me

- Canadian-born, UK trained doctor
- I originally specialised in O&G and have MRCOG
- Had children and moved and ended up in Perth, Western Australia
- Joined Perth SARC in Dec 2005
- Master's degree in Clinical Forensic Medicine by Monash University
- Part of the SARC research team
- Founding Fellow of Faculty of Clinical Forensic Medicine, part of the Royal College of Pathologists of Australasia
- I developed the 3-Day Forensic Training Programme and wrote the WA expert opinion on non-fatal strangulation for the courts
- Head of Department at SARC for 5 years
- Seen over 600 people who allege recent sexual assault
- I moved to Oslo in July 2021 with my husband who is working here for 3 more years



# Overview of services across Australia

# Map of Australia

Each state and territory has its own sexual assault legislation



# South Australia

- Adelaide: Yarrow Place
  - Patients 16 years and over
  - Medical, forensic and counselling
  - Forensically trained doctors
- Adolescent and child sexual abuse seen by child protection team in hospital centres
- Regionally patients seen in local hospitals with support from Yarrow Place





# Tasmania

- No formal sexual assault centre
- Services offered mainly in Hobart and Launceston hospitals (main cities)
- Provided by local doctors and nurses
- Not necessarily formal CFM qualifications

# Victoria

- Home of the Victorian Institute of Forensic Medicine (VIFM)
- Sexual assault services provided by VIFM CFM trained doctors in hospitals across Melbourne
- Forensic only (no medical)
- Regional services provided by both nurses and doctors in hospitals – some have CFM qualifications



# Australian Capital Territory (ACT)



- All services based in Canberra (capital of Australia)
- Sexual assault and other CFM services
- Medical and forensic service
- CFM trained doctors and nurses
- Often asked to advise re national government policy

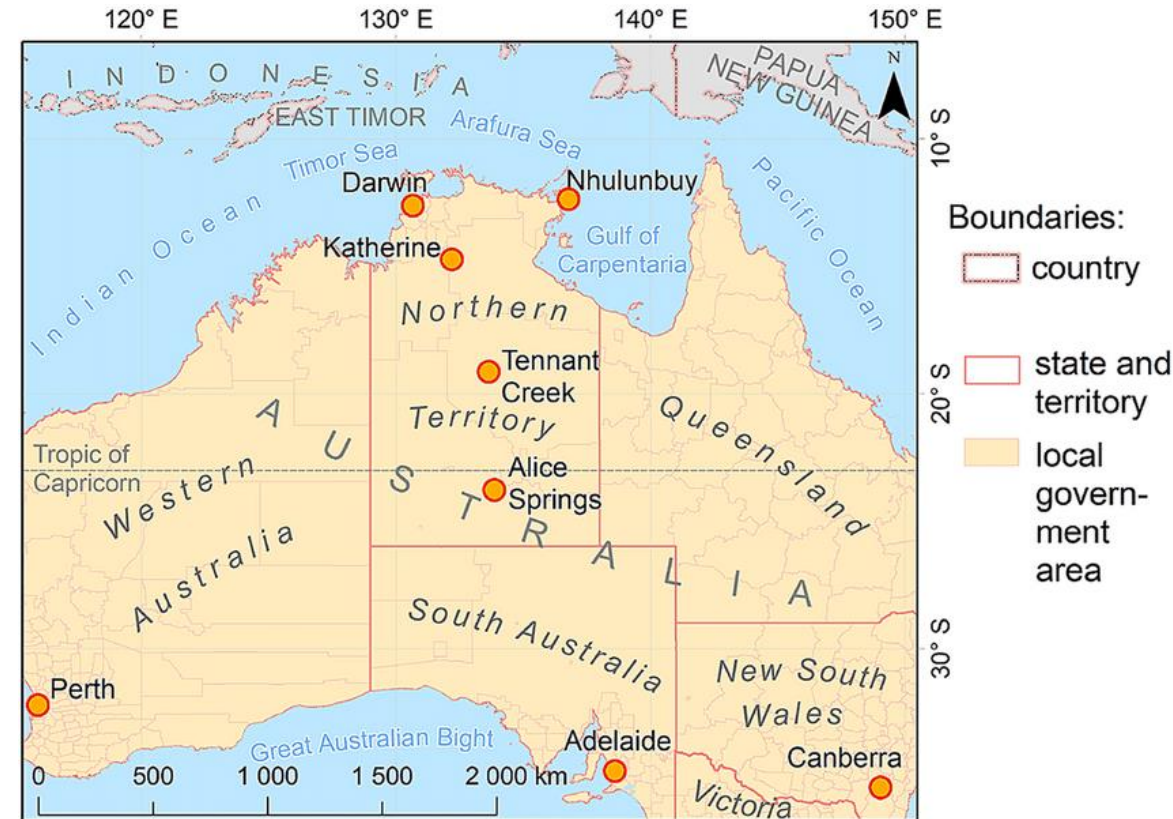
# Queensland

- Two main services based in Brisbane and Gold Coast hospitals
- Forensically trained doctors
- Provide a range of CFM services
- Regionally services delivered by doctors (some with CFM qualifications) and forensic nurses



- Formal Sexual Assault services available in Darwin and Alice Springs
- Some staff forensically trained
- Remainder provided by local hospitals and clinics
- Least populated area of Australia with large Aboriginal communities
- Problems getting and retaining health staff

# Northern Territory



**SARC services in Western Australia**

# Sexual Assault Resource Centre, Perth



# SARC services

- Counselling:
  - Recent and earlier adult sexual assault
  - Child sexual abuse
- Medical and Forensic:
  - Within 2 weeks after a sexual assault
  - Follow-up STI and BBV screening
- Education and Training
  - To a wide range of agencies
  - Specialised medical/forensic training delivered by SARC doctors
- Policy: health and government
- Aboriginal community liaison officer
- Research



- 45 years in operation – one of the oldest SARCs
- State-wide advisory service for sexual assault
- Free, confidential service to all genders aged 13+ years
- Recent sexual assault patients:
  - May choose counselling only, medical examination or medical and forensic examination
  - Are seen by both a doctor and counsellor team
  - Do not have to involve the police
  - Can collect “just-in-case” forensic specimens (stored for 6 months)
- Doctors come from many disciplines
- Half have post-graduate qualifications in Clinical Forensic Medicine and many studying

# A few more details

- Funded by Department of Health, not Justice or the Police
- Currently on the grounds of the main women's and maternity hospital
- However services available to men and transgender patients also
- Sees approximately 360 acute cases / year (medical and forensic)
- 93-96% female, 4-7% male, getting more trans-patients
- Approximately 8-12% Aboriginal
- Many more for counselling and therapy
- Purpose built facility opened in 2006

# A few demographic facts

- Perth population: 2,093,000 (2022)
- The Perth metropolitan area covers 6,418 square km
- (Oslo population: 700,000, Area: 426.3 square km)
- There are 9 hospitals with 6 emergency departments
- SARC available to whole of Perth including 3 men's prisons, 1 women's prison and 1 juvenile detention centre
- The team will go to hospitals, mental health facilities and prisons when appropriate

# Medical and Forensic Services

- 3.7 FTE medical staffing (13 doctors) and 0.8 FTE nurse (1 nurse)
- 2 Forensic Suites
- Staff come from: ED, GP, Sexual health, Public Health and some who only work as forensic physicians
- 24/7 on-call service for recent sexual assault and telehealth
- Post-mortem sexual assault examinations performed upon request
- Education and training for entire state including “3 Day Forensic Training for Rural and Remote Doctors, Nurses and Midwives”
- All doctors write their own reports and attend courts for their own cases
- Senior doctors write expert opinion reports and attend court on sexual assault, physical assault, non-fatal strangulation and homicide (sexual assault in the deceased)

# Forensic Suites

# History taking room



# Examination room



# Patient bathroom

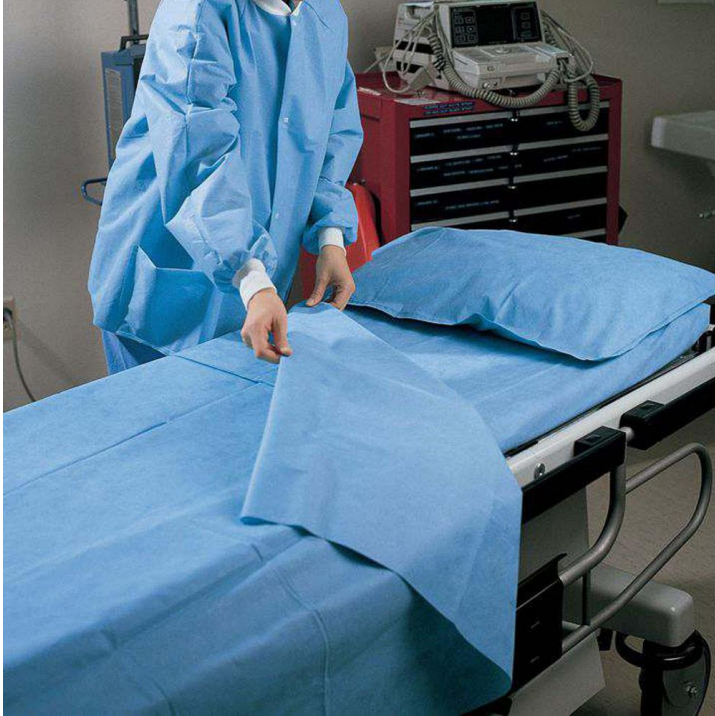


# DNA contamination minimisation

- Limited access to forensic suites
- Double cleaning using Trigene II by examining doctor or assisting nurse
- Also nightly clean by hospital cleaner
- Cleaning register (de-identified)
- Register of workmen who have to gown, glove, shoe-cover and hat
- DNA contam min procedure discussed with forensic pathology
- Enviro-swabs taken annually to look for potential DNA and especially male DNA contamination



# DNA contamination minimisation cont



- All surfaces are easily wiped and hard wearing
- Examination bed covered by surgical drapes with another to go over patient
- Blotting paper on forensic specimen trolley
- Patient wears disposable single-use paper theatre gown (two sizes)
- Doctor wears gown (+/- hat and mask)
- Regular glove changes
- All swabs re-sheathed immediately



# SARC kits



- Special forensic kits made for forensic examinations
- SARC Forensic Kits are prepared by Sanax Medical which is certified to international standard ISO 18385-2016 “Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes”.
- Small, medium, large and deceased to minimise waste (and cost!)

# Emergency Case Procedure

- Seen by doctor and counsellor together
- Counsellor explains SARC services and her/his role, confidentiality and that it is free and voluntary and do not need to inform police
- Doctor explains her role and what can be offered
- Doctor takes history (special notes) and offers examination etc
- Special NFS documentation if appropriate
- Doctor cleans and sets up whilst counsellor discusses mental well-being and future counselling
- Examination +/- photos +/- forensic specimens (no genital photos)
- Findings (if any) discussed
- Medical treatment offered and possibly taken
- Patient leaves and doctor packages, cleans, debriefs etc

# Medical Treatment



## WHAT IS PEP?

**PEP** (or post-exposure prophylaxis) involves taking anti-HIV drugs **very soon after** a possible exposure to HIV to **prevent HIV**.



HIV  
gov

- Emergency contraception (levonorgestrel, Ullipristal (Ella One))
- STI prophylaxis - discuss and try to avoid now re antibiotic resistance
- Hep B vaccination or booster - advised
- HIV prophylaxis – discuss risk in context of assault (not given that often)
- Anxiolytics etc – rarely given so we get few patients with drug seeking behaviours

# SARC information system (aka the database)

- SARC information system designed especially for SARC medical/forensic service by Curtin University Centre for Population Health
- Corresponds with much of the notes used
- Information entered by treating doctor
- Examples of information recorded:
  - Demographic
  - Time since alleged assault
  - Type of assailant
  - Sexual history
  - General physical (including NFS) and genito-anal injuries
  - Medical treatment given
  - STIs
  - Court data

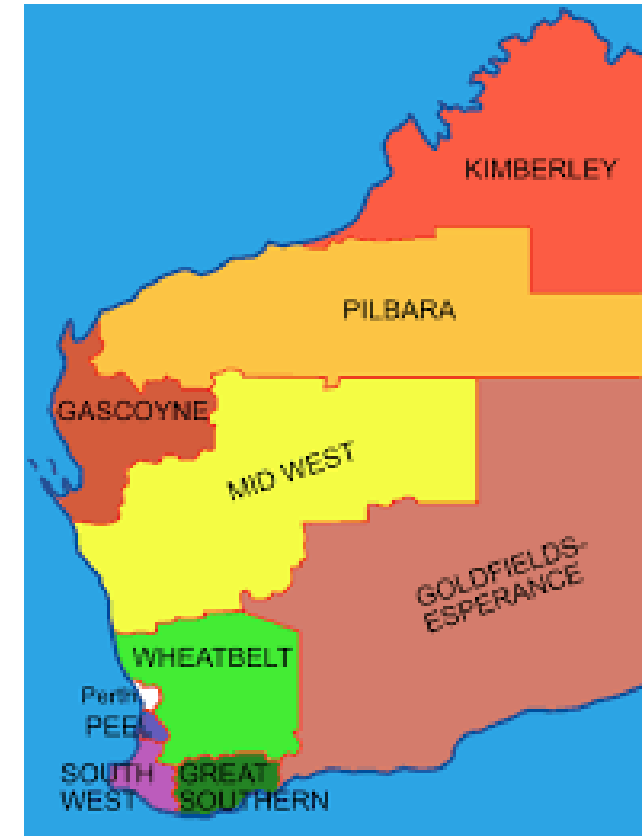
# SARC information system cont

- Essential for SARC original research papers
  - Incidence of injury and assailant type associated with NFS
  - Incidence of physical injury after sexual assault
  - Incidence of genito-anal injury after sexual assault
  - Incidence of physical and genito-anal injury after male sexual assault
- Allows SARC to “pull out” information as required
- Has been used to demonstrate:
  - Increased incidence of internet-dating app assailants
  - Change and increase of assailant type associated with NFS
  - Percentage of patients who had not been previously sexually active
  - Percentage of patients who had breast injuries after alleged sexual assault



# SARC services to the rural and regional WA

- WA is approx. 24 x larger than Norway!
- Population density of regional WA is 0.22/km<sup>2</sup>
- Population density of Norway is 15/km<sup>2</sup>
- WA country health guidelines state that **all** patients alleging a sexual assault must be discussed with SARC
- SARC trains regional doctors, nurses and midwives especially



# 3 day forensic training programme



- Aims to build competence and confidence to provide medical and forensic services to patients alleging recent sexual assault
- For post-pubertal patients
- **Lots of skill rehearsal and hands-on practice**
- Injury description and documentation
- Female genito-anal swab collection
- Male and male offender swab collection
- Report writing and going to court as a witness of fact

# Sexual assault examinations in the deceased

- Especially since CFM joined the Royal College of Pathologists of Australasia, SARC doctors have been asked by both forensic pathologists and homicide detectives to perform sexual assault examinations on the deceased (esp if genito-anal injuries)
- Developing an small area of expertise
- Forensic pathologist always present and essential
- Always two doctors attend and not all SARC doctors will (voluntary)
- SARC examinations have both added to criminal charges but also reassured that genital findings were within normal range
- SARC doctors then write a medico-legal report based on their examination and attend homicide trials as expert witnesses

# Medico-legal reports



- All reports are written by the examining doctor using a standard template
- Each report is checked by a senior doctor with the Master's degree and Fellowship
- Attention paid to injury documentation and interpretation
- Much is written about lack of injury or minimal injury
- A special section exists for non-fatal strangulation

# Going to court



- Ideally the examining doctor attends court as an expert witness on their own cases
- New doctors are given a lot of help and preparation
- Opinion cases are attended by senior doctors
- Adversarial system so cross-examination can be moderately horrible but generally not too bad

# Advising on CFM in WA

- Unlike some of the other states, WA does not provide many other CFM services
- Election promise was to set up a domestic violence injury documentation programme with expert injury opinion
- SARC doctors advised on new NFS legislation and have developed an e-learning package (excellent and happy to share)
- However nothing on offender injury documentation, fitness for interview, traffic medicine

# Sexual Assault Services Advisory Group (SASAG)

- Getting together of all agencies providing services to adults and children who have experienced sexual violence – many government agencies: SARC, CPU, senior police, senior state prosecutor, witness support, regional health etc
- Forensic SASAG: SARC doctor, CPU doctor, Sexual Assault Police, CSI police, Forensic DNA lab, Forensic toxicology chemistry, State prosecution
- Forensic SASAG really useful and has resulted in positive changes in practice!!
- Also nice to later be able to call someone and chat about a problem!

# The Future

- Developing CFM in WA
- Workforce training and retention
- Research – several in pipeline
- The hospital is moving in 9 years – will SARC go?
- ?Moving to a more ED based practice
- Becoming a specialist training centre for CFM
- Working with large external companies eg mine sites



# Questions?

