Chief Psychiatrist's Community of Practice Summary

Recent Sexual Assault Disclosures within Mental Health Facilities – Call SARC Early!

Welcome - Dr Nathan Gibson, Chief Psychiatrist

Sexual safety in mental health services remains a high priority issue for this Office. Every person who uses a mental health service has the right to feel and be safe throughout their journey; however, we know that both nationally and internationally this has not always been the case. The Victorian "Not Before Time" Report highlights the harms experienced by consumers in the mental health system including sexual safety breaches. There is a clear public expectation that mental health services ensure the sexual safety of consumers and respond appropriately to incidents that compromise this safety.

The Chief Psychiatrist (CP) Sexual Safety Guidelines were released in 2020 and must be central to staff training and service development within MH units. I would like to take this opportunity to note that there are some slight differences between the CP Guidelines and SARC processes in relation to consent for forensic examination. This Office is working with SARC to develop information on these matters as required. When SARC are called and they attend, their process will take priority. My thanks to SARC for the work they do with our consumers and to Dr Fiona Sluchniak for being with us today to share her knowledge and experience.

Key Messages

Sexual Assault Resource Centre (SARC)

- **Medical & Forensic 24/7 crisis service** & specialised therapy service

SARC approach:

1. Psychosocial – safety of patient (physical & psychological) and safety of staff
2. Medical - injury (physical/genital), morning after pill (very low threshold for providing), nPEP, STI screening
   Medical takes priority over forensics
3. Forensic – timeframe and timing are important. Call SARC early

   There is no obligation for police to be informed but the patient may choose this

   Early evidence kits (EEKs) – samples can be collected in the early stages of disclosure

Responding to sexual assault disclosure

- Helpful to obtain a basic history of events (nature of allegations, when, whom) & MH context of patient
- *Call SARC early*, do not wait! Enables a timely, case-specific and trauma informed response
- Consultant awareness of disclosure and communication with SARC is important
- Response to disclosure impacts on a person's wellbeing and recovery

Capacity and Consent

- Consent can be complex: early doctor-to-doctor discussion with SARC is important
- Medical and forensic consent processes differ. A forensic examination is non-therapeutic. Strict set of parameters need to be met in order for consent to be valid for a forensic examination as the specimens/ exhibits need to be admissible in a court of law.
- Forensic consent for <18yo (minors) differs to adults. Generally, consent from both the minor and the parent or guardian is preferred
- Police involvement (+/-) affects the consent processes
- The patient must want to see SARC – voluntary process

"Call us early. The best way to get in contact with a SARC doctor after hours is to call the KEMH switchboard and they'll put you directly through to the doctor on call".
Dr Fiona Sluchniak, Clinical Forensic Medicine SARC

Sexual Assault Resource Centre (SARC)

Medical & Forensic 24/7 crisis service

- Eligibility: People of all genders, ≥ 13 years old, who have experienced sexual assault in the last 2 weeks
- Provide statewide Medical/Forensic support to rural and remote medical and forensically trained colleagues to undertake examinations

Specialised therapy service

- encourage self-referral for people with any past experience of sexual assault – no timeframe
- access to Aboriginal Mental Health Worker support through community liaison and links with Aboriginal community services

"Call us, call us, call us"

Dr Fiona Sluchniak

Clinical Scenario

At 8:00 pm on a Saturday night, a 25-year-old female on the ward discloses a sexual assault by another inpatient earlier that day.

- Get basic information (nature of allegation, when, whom) & mental health context of patient
- Call SARC early
- Important that a senior doctor is notified when something like this occurs
- Time important situation: Don't leave it until the morning/ next shift/ after handover/ when consultant is next in
- Consent can be complex: early doctor-to-doctor discussion with SARC is important to establish necessary processes
- If the patient wishes, a SARC counsellor can speak to the patient over the phone to help them to understand their options more fully. This can occur whilst the treating team are liaising with the SARC doctor.

"Early Evidence Kits should be available in every emergency department in WA"

Dr Fiona Sluchniak

Question

What is the appropriate response to allegations of sexual assault by a patient when it may be part of a delusion rather than reality based?

Response:

Dr Fiona Sluchniak: Can be a very complex and challenging situation. It is important to take the person disclosing on face value initially. People in any sort of care facility are statistically more vulnerable to being victims of sexual assault. The treating psychiatrist should contact a SARC doctor to discuss the patient and allegation early.

Dr Nathan Gibson: Documentation in the medical records of the initial disclosure or event as well as actions taken is crucial for good clinical practice and medicolegal reasons. Alleged sexual assaults are a notifiable incident to the Chief Psychiatrist.

Question

Should early evidence kits (EEKs) be accessible in inpatient Mental Health Units (MHU)?

Response:

Dr Fiona Sluchniak: EEKs are best left in emergency departments and brought to the patient on the MHU. On a case-by-case basis work out how an EEK can be made accessible to the patient on the MHU where it's needed.

Question

Can SARC only be contacted for cases where there has been an allegation of sexual penetration?

Response:

Dr Fiona Sluchniak: Generally speaking, SARC will only have direct contact when it is a penetrative sexual assault. However, please call us because there are still some similarities in responding to something that may be an indecent assault as opposed to a penetrative sexual assault. SARC can still advise and if needed provide the appropriate direction if it isn't SARC that will be involved in seeing the patient.

Question

What if a patient on the MHU raises a sexual assault allegation that occurred a year ago at the MHU?

Response:

Dr Fiona Sluchniak: Can still call SARC to discuss. If it's not the medical/ forensic branch of SARC that would be involved, it may be that the therapy service could provide input. That person may have been retriggered by being back on the MHU. Can make contact to SARC standard crisis service line to access counselling staff (8am-11pm, 7 days/week).

Question

Any change of advice for responding to sexual assault allegations from community mental health patients?

Response:

Dr Fiona Sluchniak: Clinicians can still call SARC to discuss. If it's not the medical/ forensic branch of SARC that would be involved, it may be that the therapy service could provide input. Can make contact to SARC standard crisis service line to access counselling staff (8am-11pm, 7 days/week). The patient must want to speak to SARC and you can support them to make contact.

Question

What constitutes an allegation? For example, a consumer reports that another consumer has disclosed a sexual assault to them (a third-party report).

Response:

Dr Fiona Sluchniak: The main thing is to provide that third-party consumer with information (SARC number, SARC website) of what the victim can do to get support and access information if they wish to. The third party can also call SARC to ask for more information over the phone. There's a duty of care to any inpatient to make sure that they are safe.

Dr Nathan Gibson: Important not to damage the confidentiality between the two consumers. Discuss with the person who has raised the issue to consider whether you could approach the person to discuss it with them directly.

Question

Responding to a patient allegation of sexual assault against a staff member in a mental health unit.

Response:

SARC & OCP: An allegation against a staff member is always a very challenging situation. Some key points to note:

- Contact SARC early. It is important for a conversation to happen between the SARC doctor and psychiatrist.
- Any allegation against a staff member is to be handled with appropriate public sector probity which requires a process which is timely, transparent, with escalation to line managers and with fairness to all parties involved.
- All allegations against staff members must be appropriately investigated- the nature of the investigation is a matter for the relevant service leads.
- It is important to take the consumer on face value initially as people who are in a care facility are statistically more vulnerable to being victims of sexual assault.
- Documentation in the medical records of the initial disclosure or event as well as actions taken is crucial for good clinical practice and medicolegal reasons.
- It is mandatory to report the incident to the Office of the Chief Psychiatrist, regardless of whether the alleged assailant is a staff member or another inpatient, and regardless as to any initial perceived likelihood of allegation veracity.

Comment on mandatory reporting

Dr Fiona Sluchniak: It is the patient's choice to have police involvement or not. Distinction between an adult reporting to police as a criminal matter vs child protection requirements - the need to do a mandatory report when an allegation is made by someone under the age of 18 years. You are still mandatorily required to report through to Child Protection and Family Services for child protection matters.

Resources

- SARC webpage
- CP Sexual Safety Guidelines and links to relevant resources are available on our webpage.
- Answers to questions from the session will be emailed to attendees. Email communityofpractice@ocp.wa.gov.au

---

OCP Clinical Helpdesk
reception@ocp.wa.gov.au
Tel: 08 6553 0000

Dr Fiona Sluchniak
Clinical Forensic Medicine, SARC

SARC contact details:
Crisis Line: 6458 1828 (24 hours)
Business Line: 6458 1820 (office hours)
KEMH Switchboard: 6458 2222 (after-hours for SARC Doctor)