

Managing revelations of sexual abuse: What on earth do I do now?

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Issues:

- Sexual assault = relatively common presentation in 1° care
- Management
 - Understand triage
 - Need knowledge of local SAATS* & support services
- Rapid access to info. → improved efficiency & safety of consultation

* **S**exual **A**ssault **A**ssessment & **T**reatment **S**ervice

SAATS link website - Launching on 1/8/17:

In an emergency, call 111

111 calls are free. You can call 111 on a mobile phone even if the phone is out of credit.

Are you a GP?

See the sexual assault Health Pathway >

Find help, or your nearest sexual assault medical service, by clicking the closest button on the map to your location

All services are free of charge.

North Island

| | |
|-----------------------------------|------------------------------|
| Auckland (Pohutukawa) | Palmerston North |
| Auckland Children (Te Puaruruhau) | (MidCentral) |
| Tauranga (Bay of Plenty) | Rotorua (Lakes District) |
| Whakatane (Bay of Plenty) | New Plymouth (Taranaki) |
| Gisborne (Tairāwhiti) | Hamilton (Waikato) |
| Napier/Hastings (Hawkes Bay) | Wellington (Capital & Coast) |
| Whangarei (Northland) | Whanganui |
| | Masterton (Wairarapa) |

South Island

Christchurch (Canterbury)

Timaru (South Canterbury)

Greymouth (West Coast)

Dunedin (Southern)

Invercargill (Southern)

Nelson (Nelson Marlborough)

Queenstown (Southern)

Additional Support Services

- > See how ACC can support you
- > View short films on care and support options after sexual assault

saatslink

Phone

09 376 1422

Email

admin@saats-link.nz

CASE SCENARIOS – GP/AHS

- Adolescent –acute assault
- Adult ? *DASA
- Child

* = Drug Assisted Sexual Assault

CASE SCENARIO 1

- Megan – 16 yo – presents, requesting ECP
- What do you ask her?
- From history – at a party sat night with friends – had a few drinks – went to go sleep in spare room and was followed by an acquaintance– he started kissing and touching her – felt unable to fight him off – worried he was going to hurt her so let him do what he wanted

CASE SCENARIO 1 - ISSUES

- Important to acknowledge what has happened to her
 - Report to police or not (whose agenda?)
 - Pregnancy risk
 - STI risk
 - Safety/support
 - Mental health issues
 - ACC
-
- F. up – see next slide - GP or SAATS?

Provision of emotional support

- Allow story-telling
- Acknowledge trauma & crime
- Reassure as to “normal” response (acute stress reaction)

3 statements:

- I’m sorry this happened
- It’s not your fault
- Can I ask you a few questions, to see how best I can help you?

Follow up questions & care

- Timing of episode
- Nature of episode
- Current symptoms & concerns

Give choices:

- Involve police? - ability to investigate / protect
- Forensic medical assessment by SAATS doctor?
 - police
 - JIC (= Just in case kit)
- Support & safety

Forensic Considerations

- Need to be trained FME
- Involves taking a hx, examination, collection of specimens, recording findings
- May take up to 3 hours
- Examining Dr provides expert opinion to police & possibly court report
- Part of a “dual role” : therapeutic and forensic - different responsibilities

ADOLESCENTS

- Time for adolescents needs
- Privacy/confidentiality – explain the limits of confidentiality
- Explanation /informed consent – accept their growing autonomy
- HEEADSSS assessment
- Follow up/access to healthcare/ Risk assessment outcome

&...its all on Healthpathways!

- Search- recent sexual assault..

HealthPathways-<http://www.healthpathwayscommunity.org>

- Developed by Canterbury DHB 2008 with Streamliners
 - Family Violence Physical and Sexual Assault or Abuse section
- Combination of Pathways of Care and Resources –National and Local
- Aim is to be accessible for all clinicians working in Primary Care
- Increasing number of DHBs/PHOs are subscribing
 - Northland
 - Auckland X 3 DHBs,
 - Nelson -Marlborough
 - West Coast NZ
 - Aoraki-South Canterbury
 - Wairarapa, Hutt Valley, Capital and Coast NZ
 - Southern NZ
 -Australia, UK

Alternative:

Generic “assault” Healthpathways

Available via website*:

<http://assault.healthpathways.org.nz>

- Username: assault
- Password: a55ault1

*N.B. cannot access via google search – need URL

Search

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Assault or Abuse

In This Section

- [Child Abuse and Neglect](#)
- [Elder Abuse and Neglect](#)
- [Family Violence](#)
- [Physical Assault](#)
- [Sexual Abuse of a Child or Young Person](#)
- [Sexual Assault or Abuse](#)
- [Assault or Abuse Intervention Requests](#)

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assault
Use of a Child or Young Person
Sexual Assault or Abuse
Abuse Intervention Requests
or Abuse Urgent Intervention
or Abuse Community Support
Assault Medical Assessment
Assault Community Support

Sexual Assault or Abuse

- Presentation of patients with a history of recent or past experience of sexual assault or abuse is not uncommon in general practice.
- Management differs with the time from assault to presentation, and with the age of the patient.

In This Section

[Recent Sexual Assault](#)

[Previously Undisclosed Sexual Assault](#)

**Select relevant
situation
Eg recent S/A....**

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Recent Sexual Assault

This pathway is for sexual assault of adults or adolescents. See also [Child or Young Person Sexual Abuse](#).

If an assault is > 1 month ago, see [Previously Undisclosed Sexual Assault](#).



+ [About recent sexual assault](#)



Click
blue for
more
info.

Assessment

1. Gather [triage information](#) to help you decide on next steps.

Triage information

1. Provide privacy and a supportive approach.
2. Aim for an attitude of respectful and quiet professionalism. Be non-judgemental, patients who are distressed can be hypervigilant and will remember comments that you have made for many years.
A suggested approach is "I'm sorry this has happened to you. So that I can help you, I need to ask a couple of questions. Can you tell me.....?"
 - "How long ago did this happen to you?"
 - "Do you have any symptoms that you're concerned about?"
 - "Have you thought about involving the police?"

There is usually no need to go into too much detail of the sexual assault but just get enough information to inform triage.

2. If an adolescent:
 - consider [confidentiality and privacy](#).
 - assess [safety and decide about reporting](#).
3. Talk to the patient about reporting to the police.
 - Discuss reasons to [involve police](#).
 - Consider [reluctance to involve police](#)
4. Further assessment depends on time since assault occurred:

+ [Sexual assault < 7 days ago](#)

+ Sexual assault 7 to 28 days ago

Management

Manage in general practice, according to time since assault occurred:

- + Sexual assault < 7 days ago
- + Sexual assault 7 to 28 days ago

Request

- If immediate medical intervention is required (e.g., head injury, profuse vaginal bleeding), request [emergency department assessment](#).
- If the patient chooses to involve the police, phone **(03) 363-7400**.
- If unsure about police involvement, or if more a comprehensive medical assessment is needed, consider requesting [sexual assault medical assessment](#).
- Consider [crisis support](#).

Crisis Support

Sexual Assault Support Service Canterbury offer crisis support for **all** patients, regardless of whether they choose to go to the police or not.

- They offer 24 hour crisis support and advice by phone for rape and sexual assault.
- They are available to attend the forensic medical and police interview.
- The crisis support service is staffed by volunteers, not trained counsellors.

Send a request via:

- ERMS: Support Services > Sexual Abuse Support Service Referral
- Fax: **(03) 377-2847**
- Phone **(03) 378-3847** or **0800-2848-2669** (24 hours).

Website: www.avivafamilies.org.nz

- Consider [sexual assault community support](#).
- For longer-term psychological support, inform the patient about the + [ACC claims process and counselling support](#).

Information

Referral options:

CASE SCENARIO 2

- 40 yr old woman – presents 10am Tuesday
- Out with friends for a birthday party on Sat.
- Lots of alcohol
- Got separated from friends
- Woke at home the next morning with no memory of how she got there, knickers on back to front, sore vagina
- Wants to know if anything happened & if her drink was spiked.....can you tell her?
- Other issues to think about here?

CASE SCENARIO 2 - ISSUES

- MEDICAL – pregnancy risk, pain, STI risk
- FORENSIC - ?DASA, Does she want to report to the police (what to do if she doesn't)
- FOLLOW UP – what tests do you do? ACC, STI check

ACC support counselling sessions

- ACC recognise “mental injury”
- Can take time to sort out
- Meanwhile:
- Complete ACC 45 & refer to

<https://findsupport.co.nz/>

CHILD SEXUAL ABUSE

Common presentations:

- Caregiver raises concerns
- The history or exam raises concerns for GP
- Child/adolescent discloses

Caregiver raises concern

- Mum presents to GP on Monday am –
concerned re:
4 yo child's red bottom after access visit.....
- What questions might you ask?

[For most of us - heart sink]

TAKING A HISTORY - triage

- From caregiver :
 - what has the child said
 - behavioural changes
 - physical symptoms
 - other relevant history
- Do NOT interview the child

CASE 4 – further information

- Parents recently separated – lives with Mum
- Behavioural problems after visiting Dad
- Often has a red vulva and bottom after visiting Dad
- Told Mum that she and Daddy played games and he touched her fanny
- Mum worried re this and re being seen as malicious

Would you examine the child?

What to do now:

- Yes - look & see if she has obvious cause for red bottom, check urine, vulval swab?
 - Clearly needs further investigation...Oranga Tamariki or police?
 - Support referral, then
 - Is the child currently safe to go home?
-
- It's all on Healthpathways.....

You might see this:



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assault**Abuse of a Child or Young Person**

sault or Abuse

Sexual Assault

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- Abuse Intervention Requests

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Sexual Abuse of a Child or Young Person

This section covers recent and historic sexual abuse.



+ [About child or young person sexual abuse](#)

Common scenarios where concerns about child sexual abuse might arise in general practice:

- [Caregiver raises concern](#) - usually young or primary school age children, often from divided or reconstituted families where the child returns from access visits.
- [Child or young person discloses](#) - this may happen in response to questioning, or may be the reason for attending a consultation.
- [Health professional has concerns](#) following history or examination.

In This Section

[Caregiver Raises Concerns of Child or Young Person Sexual Abuse](#)

[Disclosure of Sexual Abuse by Child or Young Person](#)

[Health Professional Has Concerns about Child or Young Person Sexual Abuse](#)

Select relevant scenario

Caregiver Raises Concerns of Child or Young Person Sexual Abuse

Assessment

1. History:

- Speak to the caregiver alone, and determine [+ how the caregiver's concern arose](#).
- Do not take a history from the child as an evidential interview may be arranged, if necessary. It is important not to over-question the child before this takes place.

2. Assess the child's current safety i.e., if the alleged abuser still has access to the child.

3. If physical symptoms, perform an examination to rule out other possible causes.

- Inspect anogenital region and arrange relevant investigations e.g., urine culture, skin swab.
- This is not a forensic examination, so [+ non-expert general practitioners](#) need to be wary of commenting on findings with respect to alleged sexual abuse.

Management

1. If the child is not safe, arrange an urgent referral to Child, Youth and Family, as below.

2. If there are physical symptoms that have an [+ alternative explanation](#) and an obvious cause is found, and:

- these physical symptoms were the only concern for possible sexual abuse, provide reassurance and offer review, if required.
- valid concerns remain about possible abuse, arrange referral to Child, Youth and Family.

3. If there are [+ significant physical symptoms](#) in the presence of strongly suggestive history (e.g., witnessed event, disclosure by a child after initial caregiver questioning), phone [the police](#) so a urgent specialist examination can be arranged, especially if the alleged event took place within the previous 72 hours.

4. If there is valid caregiver concern, but no other physical symptoms or signs, or disclosure from the child, arrange referral to Child, Youth and Family for further investigation



flowchart

- Characterised by inflammation of the vulva or vagina.
- Common in children aged 2 to 7 years, as they have a high susceptibility to nonspecific infections due to:
 - the proximity of the vagina to the anus.
 - a lower level of oestrogen, causing thinner epithelium
 - lack of labial fat pads.
- Common triggers include:
 - Poor hygiene.
 - Physical factors e.g., wearing tight clothing
 - Skin conditions e.g., eczema, lichen sclerosis
 - Chemical irritants e.g., bubble bath, soap, shampoo, scented toilet paper, fabric softeners, or urine in nappy-wearers.
 - Pin or threadworms.
 - Systemic illness or UTIs.

Summary

- Sexual assault/abuse is a crime
 - A hx of SA is relatively common
 - Management may be forensic & therapeutic
 - Know your limits and refer appropriately
 - Practice asking about it- it gets easier!
-
- Any questions?

**For further information on the
MEDSAC Family Violence Training
Programme for primarycare, please
contact the National Office:
victoria@medsac.org.nz
Phone: +64(9)376 1422**

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