Responding to Sexual Violence Referral Pathway

Recognise

Patient presents with indicators of Sexual Violence
(consider physical, emotional and behavioural symptoms)

Ask patient Sexual Violence screening questions

"As part of routine care, I ask everyone a few questions about safety, relationships, and wellbeing."

Patient directly or indirectly discloses

No disclosure document discussion.

Respond

LIVES

- **L**isten
- **I**nquire
- **V**alidate
- **E**nhance
- **S**upport

Listen actively – Give full attention and allow time. Stay calm and consider your non-verbal cues

Inquire about needs – Use open-ended questions.

Validate – Convey belief and normalise responses

Enhance safety
- Support patient to self-assessment safety (e.g. ask if the patient feels safe to go home)
- Consider evidence-based risk factors
- Assess immediate safety
- Support safety planning

Need support or guidance ?
☎ **Crisis Line:** 6247 2525
☎ **Link Workers:** 6185 2842

Support
- Provide information and resources
- Support identifying safety/support network
- Offer warm referral (with consent)
- Document in an objective, non-judgemental way

Refer

Offer patient referral to specialist service

Patient accepts

Make referral to CRCC
- Complete DFSV Referral form OR;
- Contact link worker or crisis line

Patient declines

Provide information and remind the patient they can access support whenever they are ready.

Example screening questions

- *"Sometimes the symptoms you are describing can be associated with sexual violence. Do you think that may have happened?"*
- *"Has anyone touched you or forced you into sexual activity that you did not want?"*
- *"Do you feel safe in your current sexual relationships?"*
- *"Have you ever felt unsafe in previous sexual relationships?"*
- *'I have noticed you said/did [X], do you mind if I ask some questions about that?*
- *"Is there anything else you want to talk about, but might not be sure how to say it?'*

Potential signs and indicators

Physical:
- Unexplained genital injury
- Chronic pelvic pain
- Menstrual disorders
- Unplanned preganancy
- Recurrent UTIs or STIs

Emotional:
- Reduced sense of safety
- Depression
- Anxiety
- Dissociation
- Suicidal ideations

Behavioural:
- Social withdrawal
- Changes in eating habits
- Sleep disturbances
- Substance abuse
- Self-harm

This is a non-exhaustive list

Key safety planning considerations

Assess immediate safety:
- *"Do you feel safe to leave here today?"*

Identify a safe place:
- *"If you need to leave quickly, where could you go?"*
- *"How would you get there?*
- *"If leaving isn't possible, is there a place you could go where you would feel safer?"*

Identify safe contacts:
- *"Who could you contact if you needed help or support?"*
- *"How would you contact them safely?*

Identify important items:
- *"If you needed to leave quickly, what essential items would you need to take with you (e.g. keys, identification, medications, money, phone)?"*

If you are concerned about a person under the age of 18, use the Child Sexual Abuse Referral Pathway Flowchart

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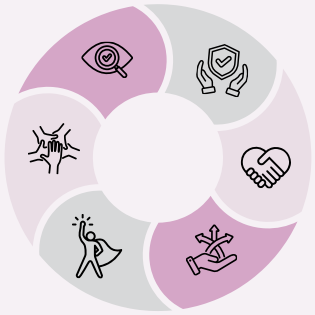
Recognise : Types of Sexual Violence

Sexual Violence is an umbrella term for any sexual act or behaviour where consent is not freely given, obtained, is withdrawn or is not able to be given.

Examples can include:

- Sexual assault or rape (including attempted)
- Unwanted sexualised touching or physical conduct
- Sexual coercion, manipulation or intimidation
- Sexual harassment
- Indecent exposure ("flashing")
- Voyeurism
- Intimate image abuse and other technology-facilitated sexual abuse
- Stealthing (non-consensual condom removal)
- Sexual exploitation, trafficking, forced marriage, and other forms of modern slavery
- Stalking and sexually threatening behaviour

Respond : Trauma-Informed Care



"I believe you"

"Thank you for telling me."

"I'm sorry this happened"

"I am here to support you"

"It's not your fault"

Trauma-informed principles

1. **Safety -** Create an environment that promotes physical, emotional, cultural, and psychological safety.
2. **Trustworthiness -** Communicate honestly and act consistently to build trust.
3. **Transparency -** Be clear about your role, available options, and any limits to confidentiality.
4. **Choice -** Provide information and options so the patient can make informed decisions.
5. **Collaboration -** Work alongside the patient and relevant services to support their goals and needs.
6. **Empowerment -** Recognise and enhance the patient's strengths, resilience, and capacity to make decisions about their care.

Refer : Service Guide

Service	Contact Details	Purpose
CRCC Crisis Line (7 days a week, 7am-11pm)	**02 6247 2525**	Support, information, and counselling for anyone affected by sexual violence, including victim-survivors, their supporters and professionals.
CRCC Link Worker (Mon-Fri, 9am-5pm) ***For health professionals only***	**02 6185 2842 OR crcclinkworker@crcc.org.au**	Secondary consultation, advice, debriefing, resources, and referral support for health professionals responding to sexual violence.
Forensic and Medical Sexual Assault Care (24/7)	**02 5124 0000 (Canberra Hospital Switch - Ask for FAMSAC)**	Forensic medical assessment and care for people aged 14 years and above who have experienced sexual assault within the past two weeks
Police (24/7)	**Emergency Line: 000 Non-emergency Line: 131 444**	Emergency assistance, immediate safety concerns, and reporting recent or historical sexual violence.
Child, Youth, and Families (24/7)	**1300 556 728**	Reporting concerns about abuse, neglect, or risk of harm to a child or young person.
DVCS Crisis Line (24/7)	**02 6280 0900**	Support when sexual violence is co-occurring with domestic or family violence.