

# HNE HealthPathways and Patientinfo login

## **HNE HealthPathways:**

<https://hne.communityhealthpathways.org>

Username: hnehealth

Password: p1thw1ys

## **Patientinfo:**

<http://patientinfo.org.au>

No login required



# Assault or Abuse

## In This Section

[Child or Young Person at Risk](#)

[Domestic and Family Abuse and Violence \(DFAV\)](#)

[Abuse and Neglect of Older People](#)

[Physical Assault](#)

[Sexual Assault or Abuse](#)

[Assault or Abuse Intervention Referrals](#)



## Recent Sexual Assault in Adults or Adolescents

This pathway is for sexual assault of adults or adolescents who attend general practice. If an assault occurred more than 1 month ago, see [Previously Undisclosed Sexual Assault](#).

### Red flags



- ▶ Signs of serious strangulation, e.g. visible external signs, hoarse voice, loss of consciousness, incontinence
- ▶ Profuse bleeding
- ▶ Head injury

## Background

[About recent sexual assault](#) ▼

## Assessment

1. Assess patient for [indicators of recent sexual assault](#) ▼ and provide immediate [psychosocial support](#) ▼.
2. Gather [history](#) ▼ to help you decide on next steps.
3. Assess patient for red flags and need for urgent medical attention, and refer to the [emergency department](#) if required. The Emergency Department will contact the sexual assault service who will meet with the patient to assess them.
4. Strongly encourage the involvement of the specialist [sexual assault service](#), to coordinate acute medical and/or forensic response and offer specialised counselling:
  - A crisis support worker from the local sexual assault service can help a patient decide whether to involve the police and support them if they go ahead.
  - The patient may choose to have a:
    - general medical examination and not a forensic examination.
    - forensic examination and release evidence to police immediately.
    - forensic examination and have the evidence kept by the sexual assault service until they decide whether to release to police or not.
5. Offer to involve police. If the patient does not want the sexual assault service to be involved, you can help them report to police directly. Support services are available to assist victims during the court process.
  - [Reporting to the police](#) ▼
  - [How to involve the police if requested](#) ▼ (either anonymously or with contact details)
  - [Patient's rights when involving the police](#) ▼
  - Give the patient the NSW Rape Crisis – [Reporting to Police](#) [\[PDF\]](#) information sheet.
6. Preserve [forensic evidence](#) ▼.
7. If the patient does not want police involvement or to see the sexual assault service, continue general practice assessment as follows.



## Previously Undisclosed Sexual Assault

This pathway is about the assessment and management of previously undisclosed sexual assault, which is considered to be any abuse that occurred more than 1 month ago. See also [Recent Sexual Assault in Adults or Adolescents](#)

## Assessment

A patient may disclose previous abuse at any time or after a doctor has asked about sexual abuse. It is important to enable patients to make their own decisions about any action to be taken.

1. Consider asking about trauma ▼.
2. Before asking about trauma, build trust by [seeking consent to discuss](#) ▼.
3. Consider asking about a [specific history of sexual abuse](#) ▼.
4. Ask if the past sexual abuse is still affecting their life, and if they would like support or to involve the police.
5. When assessing [adolescent patients](#) ▼, consider using the [HEADSS assessment](#) [\[PDF\]](#).
6. Arrange [investigations](#) ▼.
7. Assess patient safety and screen for [domestic and family violence](#).

## Management

1. Manage any [infection](#) or injury as appropriate.
2. Provide [emotional support](#) ▼.
3. Consider PTSD other reactive mental health issues and offer reviews regularly, and as needed. Offer a referral for [professional counselling](#).
4. Ensure the patient is safe and not at ongoing risk. See [Domestic and Family Abuse and Violence \(DFAV\)](#) pathway.
5. Complete [mandatory reporting](#) [\[PDF\]](#) if the patient is under 18 years of age.
6. Offer to involve police. If the patient does not want the sexual assault service to be involved, you can help them report to police directly. Support services are available to assist victims during the court process.
  - [Reporting to the police](#) ▼
  - [How to involve the police if requested](#) ▼ (either anonymously or with contact details)
  - [Patient's rights when involving the police](#) ▼
  - Give the patient the NSW Rape Crisis – [Reporting to Police](#) [\[PDF\]](#) information sheet.
7. Offer information about [other support services](#) [\[PDF\]](#).

## Referral

# Sexual Assault Referrals

See also:

- Recent Sexual Assault in Adults or Adolescents
- Previously Undisclosed Sexual Assault
- Domestic and Family Abuse and Violence (DFAV) Referrals

## Referral

### Sexual Assault Service

About the Sexual Assault Service ▼

- If urgent medical intervention is required (e.g., head injury, history of strangulation, profuse vaginal bleeding), refer to the [emergency department](#). The emergency department should contact the sexual assault service to arrange assessment of patient.
- Check [criteria](#) ▼. Children 14 years old and over do not have to provide parent or care giver details in order to access a crisis response if they are deemed competent to give consent. However, parent or carer involvement is preferred where appropriate.
- If the patient is under 18 years of age medical practitioners must complete a mandatory report before phoning the Child Protection Helpline 132-111. See also the [Mandatory Reporter Guide online](#) [link](#).
- Prepare the required [referral information](#) ▼.
- Contact the relevant service:  
[Armidale / Tamworth / New England / North West](#) ▼  
[Lower Hunter / Maitland / Cessnock / Dungog](#) ▼  
[Manning / Great Lakes / Taree](#) ▼  
[Newcastle / Lake Macquarie / Port Stephens](#) ▼  
[Upper Hunter](#) ▼
- Inform the patient:
  - ensure they are aware of the referral and the reason for being referred.
  - provide a copy of the [Sexual Assault Service Brochure](#) [link](#).

### Other victim support services

- NSW Rape Crisis – counselling service:
  - [Online](#) [link](#)
  - Phone: 1800-424-017 (24 hours, 7 days)
- [1800RESPECT](#) [link](#) – online and telephone counselling
- [Victim services](#) [link](#)



# Domestic and Family Abuse and Violence (DFAV) Referrals

### Clinical editor's note

The HNECC PHN has commissioned [Domestic and Family Violence Programs](#) [link](#) to help General Practice ensure responses to DFV are timely, safe, and supportive. Clinicians can contact Local Links (GP Liaisons), specialists in domestic and family violence, for:

- Confidential advice on management strategies
- Education on performing risk assessments and safety planning
- Streamlined triage and referral to support services
- Help with DFV practice policies and procedures

For more information, contact your Local Link (GP Liaison):

- For Tamworth, Narrabri, Quirindi, Scone, Gunnedah, Manilla, Moree:  
Amber Smyth – M: 0466-109-296, Email: [amber1@tfss.com.au](mailto:amber1@tfss.com.au)
- For Armidale, Inverell, Glen Innis, Walcha, Uralla, Guyra, Taree, Forster:  
Tanya Norman – M: 0427-742-173, Email: [tanya.norman@wsa.ngo.org.au](mailto:tanya.norman@wsa.ngo.org.au)
- For Central Coast, Newcastle, Upper Hunter, Port Stephens:  
Jordan Hardy – M: 0481-960-637, Email: [jordanh@ransw.org.au](mailto:jordanh@ransw.org.au)

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See also:

- [Perinatal Mental Health Care](#)
- [Drug and Alcohol Referrals](#)
- [Referral to Specialist Mental Health Services](#)
- [Sexual Assault Services](#)
- [Community Services Directory for Aboriginal and Torres Strait Islander Peoples](#)

## Referral

If urgent assistance required or immediate fear of violence – phone 000 and ask for the police.

State-wide ▼

[Armidale / Tamworth / New England / North West](#) ▼