



Sexual Violence

Practice considerations for General Practitioners

Sexual violence occurs frequently in Australia. It is perpetrated overwhelmingly to women by men¹ and can have devastating, cumulative and long-lasting impacts on their lives.

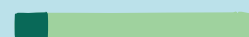
General Practitioners have a critical role to identify, report and respond to sexual violence, as many victims and survivors have extensive contact with general practice throughout their lives.

There is a high distrust of women's reports of sexual violence, despite evidence showing false reports are rare.² Many people are victims of multiple forms of sexual violence over their lives.

"We are not defined by what happened to us."

– Malika Reese, Victim and survivor

14%
(2.8 million)



of people aged 18 years and over have **experienced sexual violence** since the age of 15 in Australia.³

Important statistics about sexual violence in Australia

22% of women



6.1% of men



have experienced sexual violence since the age of 15⁴

20%



of sexual violence against women is perpetrated by a person known to them⁵

57% of women



51% of men



have experienced unwanted touching, grabbing, kissing or fondling⁶

92%

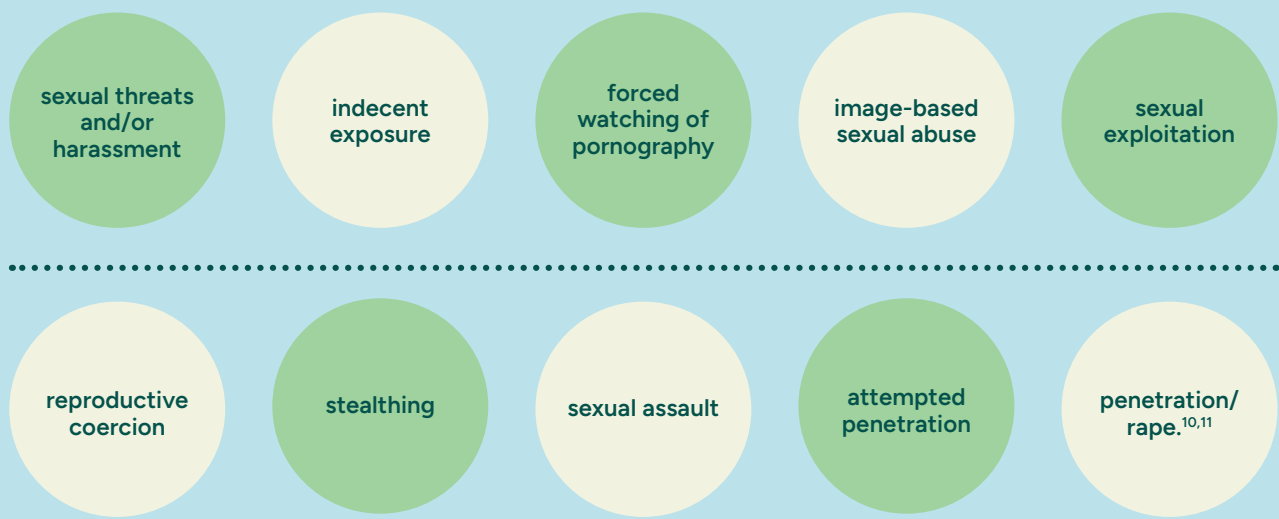


of women who experienced sexual violence by a male did not report the most recent incident to Police⁷

Sexual violence includes different types of attempted and actual sexual behaviour that is unwanted, where consent is not freely given, obtained or is withdrawn, or the person is unable to consent due to their age or other factors.⁸ Sexual violence is **never** the fault of victims and survivors, and can be experienced by anyone, at any age. Consent can be withdrawn **at any time**.

It is imperative General Practitioners are aware young people may be experiencing multiple types of sexual violence. The legal age for consensual sexual interactions varies between 16 and 17 years across Australian state and territory jurisdictions.⁹ Power dynamics between adults and children enable child sexual abuse to occur. Child sexual abuse is a crime.

Sexual violence encompasses different types and levels of severity. These include, but are not limited to:



Sexual violence:

- occurs when there is an abuse of power¹²
- occurs when a person is coerced, manipulated, forced, uninformed, or otherwise unable to consent¹³
- occurs at a higher rate for sex workers, people who are homeless, live with a disability, identify as LGBTIQ+, or have previously been sexually assaulted¹⁴
- is reported at higher rates by those who have experienced child sexual abuse¹⁵
- is perpetrated by intimate partners, family members, friends, colleagues, and unknown persons
- can be accompanied or associated with other types of violence, such as non-fatal strangulation.

The trauma from sexual violence can have a detrimental and damaging effect on peoples' physical, sexual, emotional, financial, social and mental health and wellbeing. People may experience feelings of shame, distrust, self-blame, and stigma. This can result in increased anxiety and fear, difficulty in building and maintaining relationships, isolation from social connections, and unemployment.¹⁶ These effects are further compounded by inequalities related to gender, race, culture, age, religion, ability, sexuality, language, class, and geographic location.¹⁷

What can you do?

Aligned to the *Eight steps to intervention – the 8 R's' from the Royal Australian College of General Practitioners (RACGP) White Book*,¹⁸ you can 'Recognise, Respond, Refer and Reflect'.

Recognise

People who are victims and survivors of sexual violence may never tell their story or recognise what happened to them was sexual violence.

Victims and survivors may present to their General Practitioner with immediate and long-term impacts, including sexually transmitted diseases, unwanted pregnancy, panic attacks, experimentation with substances, risk-taking behaviour, or unexplained physical and/or psychological symptoms.¹⁹ They may delay or not engage in preventative health screening procedures.²⁰

Coping mechanisms or strategies used to manage and protect against the distress and trauma associated with sexual violence can include dissociation, over performance at work or in sport, self-harm, or disordered eating.²¹

Even if sexual violence is not disclosed, it is important to consider whether it contributes to a person's presentation and health needs. Be ready to identify and respond. Create opportunities for people to talk and develop trust. Ask questions sensitively and without judgement about their safety, and be ready to answer questions about confidentiality and privacy.

" I don't like being touched, even by medical staff and people I trust."

– Craig Mahony, Victim and Survivor

Respond

Do not assume how someone will respond to the trauma of sexual violence. Responses can be highly variable, and it is crucial not to judge a person's level of distress and underestimate the seriousness of the violence on the person.

Believe people if they disclose, validate their experience, and support them to be safe and recover. Be aware of who is present in the room, as the person perpetrating sexual violence may accompany them. This may be within an intimate relationship or where personal care is being provided by a support worker. It may be appropriate or necessary to use strategies to speak with them alone.

Explain what will happen and why, who will be present, related processes or procedures that will occur, and offer choice where possible. Ask for permission before you touch the person and throughout any procedure, and watch for non-verbal cues to pause if indicated. Consider prioritising one health issue at a time to minimise the risk of the person becoming overwhelmed.

Providing trauma-informed care is critical. You can do so by regulating your own behaviour and emotions, and embedding principles of safety, trustworthiness, choice, collaboration and empowerment.²²

" Gentle questions would have helped. Survivors want to be heard and seen."

– Malika Reese, Victim and survivor



Refer

Involve the person in decisions as you review their care, including whether and when a referral is made, what information is shared, the choice of in-person or online supports, gender of the practitioner, and location of the service. This will depend on what is available in your area.

Consider what barriers may exist for the person to access another support service, such as transport, childcare, safety, or financial constraints. Ask whether they have accessed the service previously, and if they would like to return or be referred elsewhere.

Offer a warm referral and follow-up and remain connected as their primary health care provider. Connect with local or national organisations who provide specialised responses to sexual violence to refer and gain advice. This will support you to explain what people can expect upon engaging with other services.

" Health is just one part of me. There's other parts of me that need my attention too. I need to focus on one part of my health at a time, even though there might be five different things wrong.

– Craig Mahony, Victim and survivor



Reflect

Reflect on your clinical practice as a core component of the care you provide, prior to, during and following appointments.

Consider your level of comfort within the conversation, and how this affected the way you responded. Think about the questions you asked, didn't ask, or could have asked differently, your body language, how you used the power and authority you hold, and whether you need to seek further training on trauma-informed care.

Identified or de-identified secondary consultations, case conferencing, collaborative multi-disciplinary discussions and seeking feedback are important aspects of your practice.

It is important that you, as a General Practitioner and a person, seek advice and support for yourself. Sexual violence services across Australia can provide advice and support to General Practitioners and other professionals who support people who are or have been victims of sexual violence.

" People can recover. There is hope."

– Dr. Johanna Lynch

Note that the legal definitions of crimes vary from state to state. You may need to make a mandatory report, or people may wish to make a report themselves. Talk about the process and consider how you will do this in advance to ensure it is done in a supportive and respectful way that is inclusive of their needs.

Your organisation and/or professional body may require you to report concerns in addition to legislative requirements. Please seek advice from relevant professional bodies, including but not limited to the Royal Australian College of General Practitioners and your Medical Defence Organisation.

The National Centre for Action on Child Sexual Abuse acknowledges funding received from the Australian Government Department of Health and Aged Care.

¹ [Sexual violence - Australian Institute of Health and Welfare \(AIHW\)](#), accessed 19 February 2024

² [Standards of Practice Manual for Services 3rd Edition - National Association of Services Against Sexual Violence \(NASASV\)](#), p. 25, accessed 20 February 2024

³ [Sexual violence - AIHW](#), accessed 19 February 2024

⁴ [Sexual violence - AIHW](#), accessed 20 February 2024

⁵ [Sexual violence - AIHW](#), accessed 20 February 2024

⁶ [Sexual violence - AIHW](#), accessed 20 February 2024

⁷ [Sexual violence, 2021-22 financial year - Australian Bureau of Statistics \(ABS\)](#) accessed 20 February 2024

⁸ [Sexual violence - AIHW](#), accessed 19 February 2024

⁹ [Consent - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) accessed 12 March 2024

¹⁰ [Sexual violence, 2021-22 financial year - ABS](#), accessed 20 February 2024

¹¹ [Understanding Sexual Violence — NASASV](#), accessed 20 February 2024

¹² [Standards of Practice Manual for Services 3rd Edition - NASASV](#), p. 7, accessed 19 February 2024

¹³ [Understanding Sexual Violence — NASASV](#), accessed 20 February 2024

¹⁴ [Standards of Practice Manual for Services 3rd Edition - NASASV](#), p. 21 - 22, accessed 19 February 2024

¹⁵ [A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health - ANROWS](#), accessed 19 February 2024

¹⁶ [Standards of Practice Manual for Services 3rd Edition - NASASV](#), p. 25, accessed 19 February 2024

¹⁷ [Standards of Practice Manual for Services 3rd Edition - NASASV](#), p. 7, accessed 19 February 2024

¹⁸ [White Book Resources: Useful tools - RACGP](#), accessed 19 February 2024

¹⁹ [Understanding Sexual Violence — NASASV](#), accessed 19 February 2024

²⁰ [A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health - ANROWS](#), accessed 19 February 2024

²¹ [Coping Strategies - Blue Knot Foundation](#), accessed 19 February 2024

²² [Talking about trauma: Fact sheet for General Practitioners and Primary Health Care Providers - Blue Knot Foundation](#) accessed 19 February 2024