CLINICAL GUIDELINE

Sexual Assault Guideline, Gynaecology

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	N/A
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Lead Author:	Claire Higgins
Approval Group:	Gynaecology Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as ‘Uncontrolled’ and as such, may not necessarily contain the latest updates and amendments.

Greater Glasgow & Clyde Sexual Assault Guideline

Purpose/ scope of the guideline

The purpose of this guideline is to provide information regarding the initial assessment, immediate medical care and follow up of patients who are referred to or admitted under gynaecology who disclose a history of recent sexual assault. It outlines the referral process to Archway (sexual assault referral centre) for forensic examination with or without the involvement of the Police.

For patients presenting beyond forensic timescales (usually >7 days) or who opt not to accept referral to Archway this guideline outlines the immediate medical care and follow up they should be offered.

For patients disclosing historical rape/sexual assault a list of agencies available to offer support are listed at the end of the guideline (Appendix 1). This can be printed off and given to patients.

Background

- One in five women aged 16-59 years have experienced sexual violence [1]
- WHO report that 35% of women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence [2]
- Sexual assault impacts women's physical and psychological health (short and long term)
- Around 90% of victims of sexual assault knew the perpetrator, with 54% of female victims reporting that a partner/ ex-partner had been the offender [3]

Sexual Offences (Scotland) Act 2009

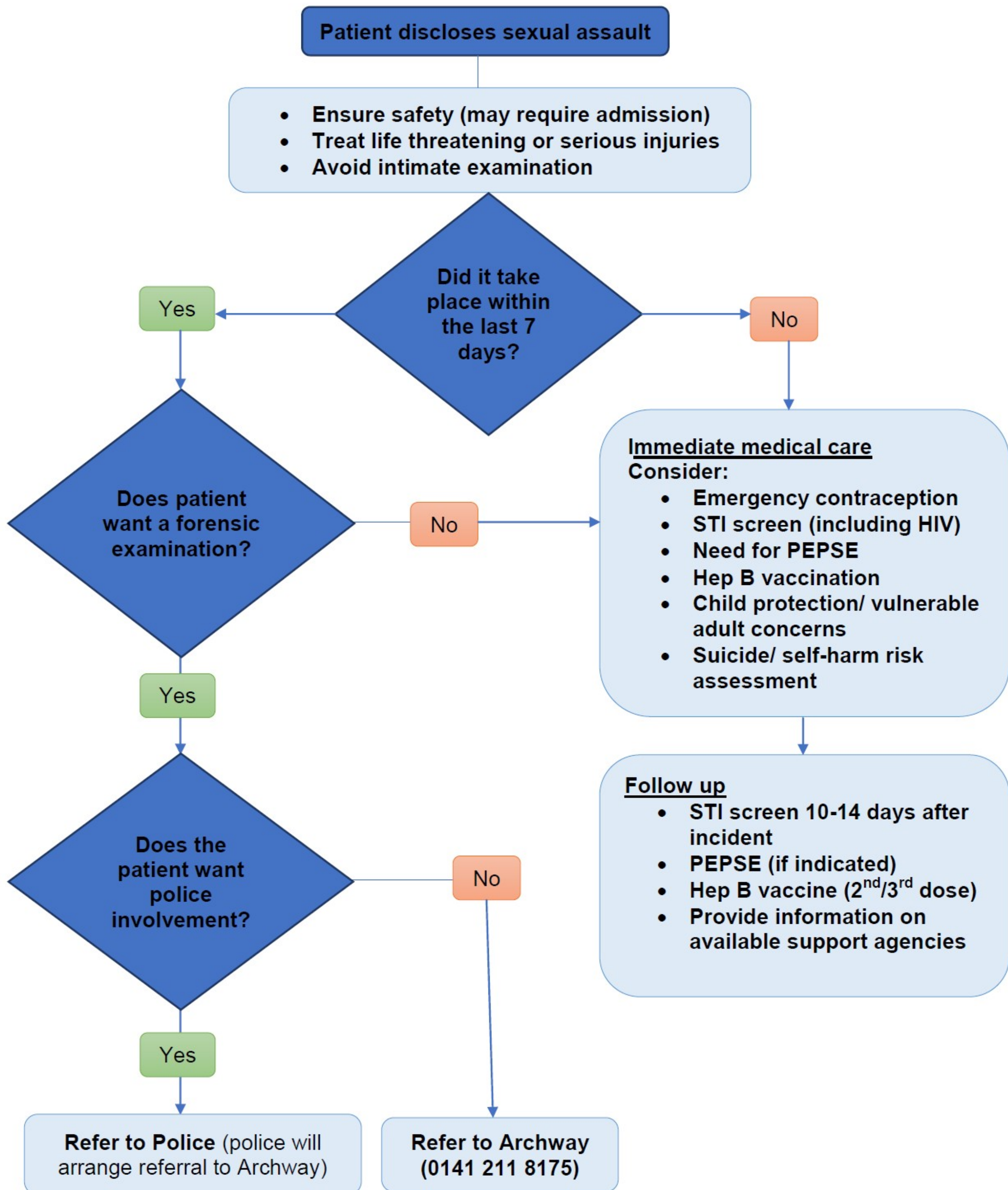
The Act defines sexual offences against adults, older children (age 13-15) and younger children (age <13 years). Younger children are deemed to have NO capacity to consent to sexual activity.

Rape = penetration of the vagina, anus or mouth to any extent without consent. Ejaculation of semen does not have to occur.

Sexual assault = penetration of the mouth, anus or vagina other than by a penis, sexual touching, any form of sexual activity involving physical contact (including through clothes) ejaculation of semen onto the victim and emission of urine or saliva on the victim for sexual purposes without consent.

The legal definition of the vagina includes the vulva. This means that, by law rape does not need to involve penetration of the medically defined vagina (i.e beginning at the hymen & ending at the cervix)

Overview of care pathway



If patients opt to undergo forensic medical examination, advise them to avoid showering/ bathing/ washing their clothes/ brushing their teeth or drinking fluids & eating prior to examination. If possible avoid urination (particularly in cases of drug facilitated sexual assault) Ask them to bring any sanitary pads/ tampons/ clothes or underwear worn at the time or immediately after the assault with them to Archway.

Immediate assessment

- Ensure immediate safety (this may involve admission, see below)
- Treat any life threatening or serious injuries
- Discuss referral for forensic medical examination +/- police involvement
- Avoid intimate examination prior to forensic medical examination

Safety concerns

Consider immediate safety issues particularly in cases of domestic violence, stranger or known assailant sexual assault where there is fear of the assailant (or their family & friends) knowing the patient's address or if there has been threatening/ intimidating behaviour. Short term admission may be required to ensure immediate safety (e.g overnight or out of hours), until a solution can be sought during daytime working hours. Advice from Police, social services or other agencies may be necessary. Consider completing a DASH checklist, which aims to identify high risk domestic violence cases and helps to establish if a Multi-Agency Risk Assessment Conference (MARAC) is required, available via the following link; http://safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance.pdf. If patients are acutely intoxicated, admission may be required until details surrounding the events can be established and safety assured.

Police involvement

If the patient wishes to report the rape or sexual assault to the police, **contact Police Scotland on 101**. Specialist police officers trained in the management of sexual assault will be assigned to the case, take a brief account of the incident and arrange a forensic medical examination (usually this would be at Archway). If a patient does not want to involve the Police, intelligence can be shared with the Police anonymously with the patients consent. For example details of the incident and/ or perpetrators' name and this can help with future enquiries.

Archway

Archway is a sexual assault referral centre (SARC) based at Sandyford Initiative which provides services for female and male victims of recent rape and sexual assault, who are aged 13 and over. Referral to Archway can take place without Police involvement. Patients can be offered forensic medical examination and the evidence obtained can be stored should they choose to disclose to the Police at a later date.

Archway is operational 24/7 and referrals can be made via 0141 211 8175

Occasionally due to service provision it may not be possible to refer to Archway, in which case a forensic medical examination can be arranged via the Police (by the Police surgeon).
If patients do not want police involvement, give them the Archway phone number and they can call for an appointment the next day.

Archway is an appointment only service, it is not possible for clients to wait on the premises. Do not advise patients to attend Archway directly without prior appointment.

Forensic medical examination (referral criteria)

Forensic examination is undertaken by doctors who have received specialist training to do so. The purpose of the forensic examination is to gather forensic evidence (e.g DNA/ semen/ toxicology) and to document any injuries related to the incident that could be used as evidence in a court case. Forensic examination should take place in an appropriate setting as soon as possible after the rape/ sexual assault to maximise evidence capture.

Archway will accept referrals up to (and including) 7 days following rape/ sexual assault. Beyond 7 days it is unlikely that DNA evidence would be obtained. There may be circumstances when it is appropriate to have a forensic examination beyond 7 days following the assault, for example if there are significant injuries or a patient hasn't washed (e.g if bed bound). If there is any doubt about whether to refer discuss with Archway medical staff.

Although it is preferable for the examination to take place in Archway, off site examinations can be arranged (e.g if the patient has sustained serious injuries and cannot be transferred safely).

Patients must have capacity to consent to forensic medical examination. In circumstances in which there is a temporary lack of capacity (e.g alcohol intoxication) it may be more appropriate to defer the examination until the patient has regained capacity. Rarely, it may be appropriate to undertake the examination without consent in the patient's best interest, for example if the patient was unconscious following a serious assault. This will need to be assessed on a case by case basis. For patients with mental health problems/ learning disability do not avoid referral to Archway on the assumption they lack capacity. Measures can be taken to ensure informed consent is taken in these patients via the use of an Appropriate Adult (this would be arranged by Archway staff).

If an adolescent girl discloses a history of vaginal penetration by a penis or other object (recent or historical i.e >7 days), interpretation of hymenal findings may be used evidentially and knowledge of how to examine & describe hymenal findings is beneficial. Referral to Archway or a community paediatrician for photo documentation of genital findings using a colposcope should be considered for this purpose.

In individuals who have amnesia surrounding events in which there is no evidence to support sexual assault has taken place then they would not routinely fulfil the criteria for referral to Archway. If there is an allegation of drug facilitation, then the individual can be advised to contact the police and should during the investigative process, further information come to light regarding the incident, then arrangements can be made for a forensic examination to be performed if this is indicated.

Archway also provides follow up care, support sessions and referral to appropriate agencies for its service users. Unfortunately, these services are not available for women who have experienced historical sexual assault who did not access archway services in the immediate aftermath.

If there is any confusion on whether to refer or not please call Archway and discuss with medical staff

Documentation

Accurate documentation in clinical notes is essential. Clinical notes may form a part of the evidence in the criminal justice process should the patient choose to involve the police at a later stage. Keep the history brief, as inconsistencies between your history and the patients' statement could discredit their account of events. The account should be documented verbatim in the woman's own words. The aim of your history is to guide the need for immediate medical treatment and follow up. Injuries should be documented on a body diagram (see Appendix 2). Include as detailed a description as possible using appropriate terminology (see Appendix 3). History taking and examination should be especially sensitive and unhurried in this context. Consider the need for additional privacy (e.g not in an open ward/ A&E). See guidance below on trauma informed practice

Assessment

It is important that the initial consultation is sensitive and non-judgmental, as a positive initial encounter will help with future consultations. Believe what the patient tells you (you may be the first person that has) and reinforce that they are not responsible for what has happened to them.

History	Examination

• Date/ time/ location of assault
• Number of perpetrators
• Perpetrator characteristics:
  o Stranger/ Partner/ Ex-partner/ Acquaintance
  o Race
  o Risk of HIV/Hep B & C if known
• Physical violence during assault
• Presence of injuries (new/old)
• Sexual acts (vaginal/oral/anal/ penile/ digital penetration)
• Ejaculation & condom use
• LMP & contraception use
• Pre & post assault sexual history
• Past medical history
• Mental health history
• Current medication & allergies
	If patient opts to have forensic medical examination avoid performing genital examination as this can disrupt forensic evidence (unless there are serious injuries which need attention urgently).
	
	If asymptomatic & no suggestion of any injuries/ infection, there is no need to perform unnecessary genital examination as this may cause unnecessary trauma
	
	If injuries present, document type of injury, location, shape, size, depth, colour & tenderness using a body map. If unsure of the type of trauma it is better to describe rather than wrongly label.

The majority of victims of rape and sexual assault will have no demonstrable genital injuries. If injuries are present, they are usually non-genital and minor in nature.

Trauma informed practice

A trauma informed consultation takes into the account the impact sexual violence may have had on a person and seeks to ensure that their experience is not repeated or triggered in the process. It offers them a very different experience from the assault or rape, one which may help to start the healing process rather than hinder it.

Undertaking an intimate examination (e.g bimanual/ speculum examination) may cause re-traumatisation. Re-traumatisation is defined as experiencing intrusive memories (physical, sensory or emotional) that occurred at the time of a traumatic event. These memories are triggered by factors which can be any aspect of the current situation that is similar to the traumatic event.[4]

Adopting a trauma informed approach can have an important role in initiating a patient's recovery following a sexual assault.

To prevent re-traumatisation offer:

- **Choice** (e.g who is with them/ where the consultation takes place/ where they would like to sit)
- **Collaboration** (e.g adapt position of examination to avoid potential triggers guided by history/ patient)
- **Trust** (e.g introduce yourself & others, adhere to boundaries and patient choices)
- **Empowerment** (e.g adapt verbal/ nonverbal communication to minimise power imbalance)
- **Safety** (e.g make consultation predictable, explain next stages of process/ examination)

A useful, short animation on understanding how victims of sexual assault may respond is available below:
https://www.nhslanarkshire.scot.nhs.uk/services/gbv-services/

Immediate medical care following sexual assault (all may not be applicable)

Emergency Contraception	Rape carries a 5% risk of pregnancy[5]. Emergency contraception should be considered for all women on any day of a natural menstrual cycle. A copper intrauterine device (Cu-IUD) should be offered as first line emergency contraception. If a woman is being referred to Archway then this can be fitted at this time. Alternatively, this could be inserted on the gynaecology ward or an appointment can be arranged at Sandyford. If a woman is being referred for a Cu-IUD, oral emergency contraception should be given at the time of referral in case the Cu-IUD cannot be fitted If a woman does not want or is not suitable for an IUD then oral emergency contraception should be offered. Please refer to FSRH Guideline Emergency Contraception for decision making algorithm available via the link below. https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/
STI Screen including HIV (baseline & follow up)	If not being referred to Archway consider offering a baseline test for: • Chlamydia & Gonorrhoea (vulvovaginal swab PCR, orange top) • Trichomonas (low vaginal charcoal swab) • Syphilis, HIV, Hepatitis B and C (Blood -10mls ETDA purple tube) Inform the patient of the need for repeat testing (due to incubation periods): • **2 weeks post assault** Chlamydia, Gonorrhoea & Trichomonas • **4 weeks post assault** HIV serology (4th generation tests) • **12 weeks post assault** HIV, syphilis, hepatitis B and C serology Consider offering prophylactic STI treatment if the patient requests it or is likely to default from treatment - **Ceftriaxone 500mg IM STAT+ Azithromycin 1g PO STAT +/- Metronidazole 2g STAT** Follow up appointment for repeat testing can be arranged via Sandyford Staffbase (see phone number below) *Blood taken for blood borne virus screening at the time of the examination can be stored and tested at a later date if any of the subsequent tests for blood borne viruses are positive*
Hepatitis B Vaccine (if not immune)	Hepatitis B vaccine should be offered to all victims of sexual assault (if non-immune) and can be given up to 6 weeks post exposure. An accelerated schedule of (0,1,3 and 52 weeks) Hepatitis B vaccination (Engerix B) should be given. **When there is a known or high risk of hepatitis B transmission, refer to the local A&E department for Hepatitis B immunoglobulin.**
Consider HIV PEPSE	Consider HIV PEPSE (post exposure prophylaxis sexual exposure) if patient presents within 72hrs of assault. Please see BASHH guidelines for assessing risk and need for PEPSE available via the link below.

	https://www.bashhguidelines.org/media/1027/pepse-2015.pdf If starting PEPSE, this should be done **as soon as possible** A 5 day starter pack is available via all A&E departments. See **Accident and Emergency Post Exposure Prophylaxis after Sexual Exposure (Appendix 3).** Please complete this form and give to patient to arrange follow up at Sandyford Central It is the responsibility of the prescribing clinician to check for any drug interactions (www. HIV-druginteractions.org)
Self harm/ suicide risk assessment	Ask about past mental health, previous suicide attempts and self harm. Ensure adequate support network (protective factors) Ask about current thoughts/intention of suicide and self harm Refer to on call psychiatrist if any concerns

If you require any further advice contact Sandyford Central via the professional helpline on 0141 211 8646

Follow up

Follow up will be required for STI screening (as outlined above), possibly for IUD fitting and pregnancy testing 3 weeks post assault if a risk of unplanned pregnancy is identified. Ideally, follow up appointments would be arranged prior to discharge at the **Sandyford via 0141 211 8646**, however this may not always be possible. In these occasions, please provide patients with phone numbers for **Sandyford Central 0141 211 8130 or 0141 211 8634** to allow them to arrange follow up appointments themselves. Occasionally patients may prefer follow up at their own GP, this should be facilitated if possible. Inform the patient that a discharge letter will be sent to their GP outlining what has happened and the clinical care received. If the patient does not want this, explain the importance of sharing this information but ultimately respect their wishes. Document the follow up required clearly on the discharge letter. Please give patients a printed copy of support services available to them (see Appendix 1).

Child protection

Consider child protection and refer to social services when dealing with under 16 year old's or 17-18 year old's where there is a vulnerability concern or learning difficulties, who have disclosed a history of sexual assault. Also consider child protection issues related to the children of patients who report sexual assault, particularly if the children have witnessed domestic or sexual violence.

Vulnerable Groups

Groups vulnerable to sexual violence include young people/ adolescents, ethnic minorities, gender-based violence victims, trafficked women, commercial sex workers, those with learning

disabilities, transgender people and those who misuse alcohol & drugs. Additional support and referrals to other agencies may be required in these instances e.g community mental health teams, social services, interpreting services and advocacy services.

Long term psychological implications

The long term implications for victims of sexual assault and rape include depression, anxiety, post-traumatic stress disorder, drug and substance misuse, self-harm and suicide. In a study, approximately 20% of women who had been sexually assaulted gave a history of mental health problems.[9] Rape victims are more likely to develop post traumatic stress disorder than victims of any other crime.[10] In order to manage these issues services are best accessed via the patients GP, this may include referral to mental health teams, referral to psychological services or for counselling. Third sector support agencies who can provide support to patients are listed in Appendix 1.

References

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10. Kilpatrick, DG, Saunders, BE, Veronen, LJ, Best, CL, Von, LJ. Criminal victimisation: lifetime prevalence, reporting to the police and psychological impact. *Crime and Delinquency* 1987; 33: 479– 89.

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Approval: Dr R Jamieson, Clinical Director **Date:** November 2019

Appendix 1

Support Services

Glasgow Women's Aid
Confidential support services. Information about housing, benefits, financial and legal issues. Safe refuge for women and children
https://glasgowwomensaid.org.uk/
Phone number: 0141 553 2022

Glasgow and Clyde Rape Crisis
A support service for women and girls aged 13 and over who have been raped, sexually assaulted or sexually abused at some point in their lifetime.
https://www.glasgowclyderapecrisis.org.uk/
Freephone:

- 08088 00 00 14 (Glasgow & Clyde Rape Crisis helpline)
- 08088 01 03 02 (National rape & sexual assault helpline)

Sandyford Counselling and Support Services
Offers free, confidential counselling services for victims of rape and sexual assault.
A listening ear service is also available for short term, practical advice and support.
Self referral via 0141 211 6700

Lifelink
Lifelink provide one to one counselling to those in need of support - often with stress, depression and anxiety, or self-harm and suicidal thoughts.
https://www.lifelink.org.uk/
Phone number: 0141 552 4434

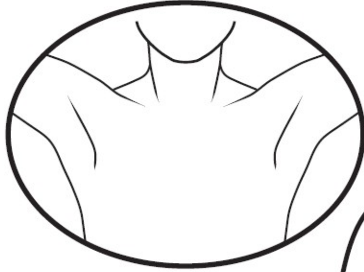
Samaritans
Offer a safe place to talk at any time, in your own way – about whatever's getting to you.
https://www.samaritans.org/scotland/branches/glasgow/
116 123 (free from any phone)

Breathing Space
Breathing Space is a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety.
https://breathingspace.scot/
Helpline number: 0800 83 85 87

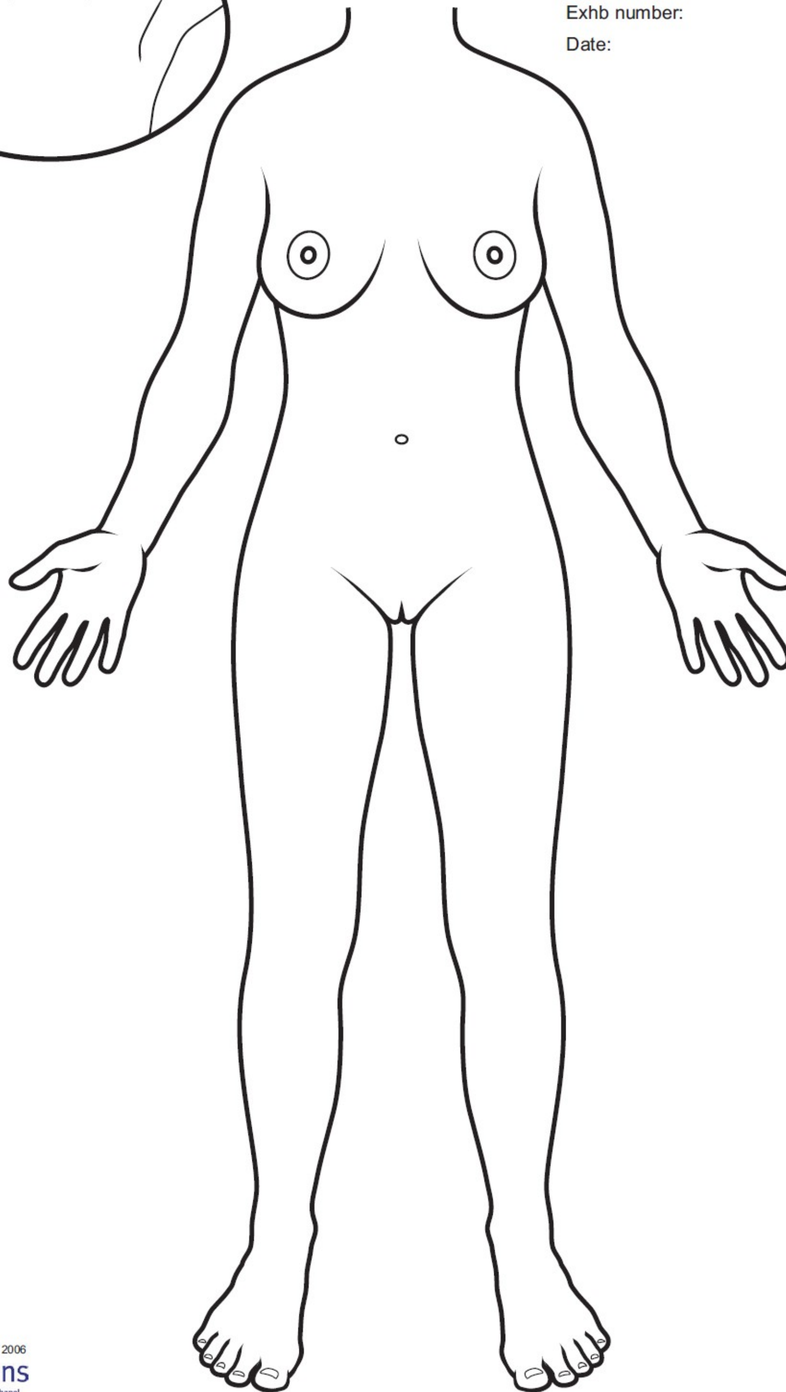
Information and Help after Rape and Sexual Assault. Patient Information Leaflet
https://www.rapecrisisscotland.org.uk/resources/Information-and-help-after-rape-and-sexual-assault.pdf

Appendix 2

Female body diagrams. Additional body maps of other areas can be downloaded from the Faculty of Forensic & Legal Medicine (FFLM) website available via link below.
https://fflm.ac.uk/publications/pro-forma-body-diagrams/



Patient's name:
Doctor's name:
Hvn number:
Exhb number:
Date:



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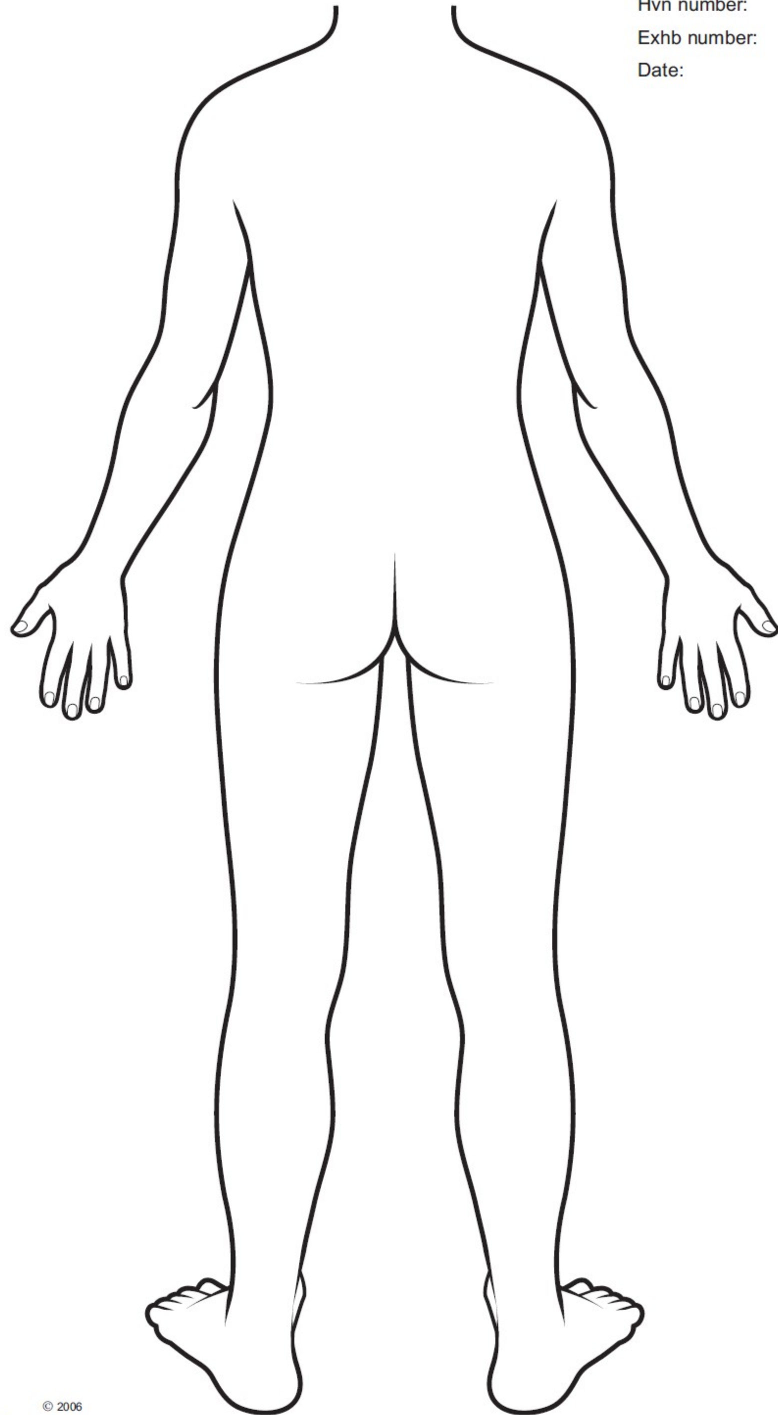
Appendix 2 (continued)



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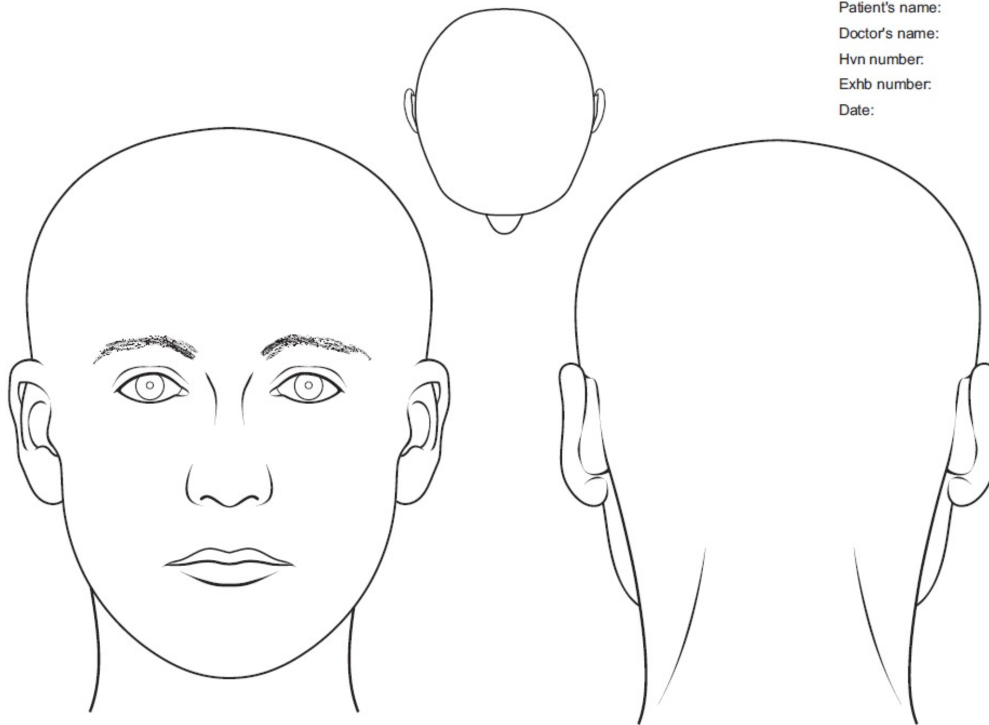

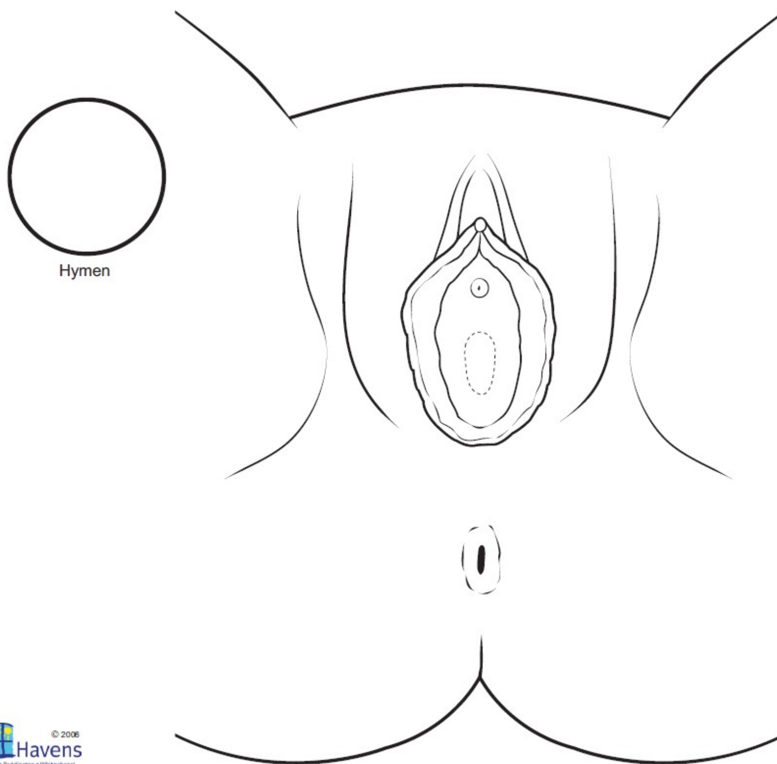

Patient's name:
Doctor's name:
Hvn number:
Exhb number:
Date:

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Appendix 3

Description of wounds to aid documentation

Types of wounds	
Laceration	Full thickness skin wound caused by blunt force Irregular wound edges and tissue bridges Abraded +/- bruised margins (mat contain debris)
Abrasion (graze/ scratch)	Superficial disruption to the epidermis caused by blunt force trauma. Typically caused by the movement of a rough surface over skin Usually there is bleeding or exudate which forms a scab
Incision (cut)	Breach in the epithelium caused by a sharp object such as a knife Tissue edges are straight without associated bruising/ abrasions Wound may be deep and bleed profusely An incision that is wider than it is deeper may be termed a slash injury
Erythema	Reddening of the skin (may be confused with early bruising) Multiple causes such as early response to injury, infection, part of the healing process (typically at wound edges) and pressure.
Bruises (contusions, ecchymoses)	Caused by leakage of blood from ruptured vessels into surrounding tissues due to blunt force. May not appear immediately and may appear distant from the site of injury due to gravity.
Petechial haemorrhages	Bruises <2mm diameter and relate to increased intra-capillary pressure. They can be seen in cases of suction of the skin (‘love bite’), strangulation, mechanical asphyxia and blunt trauma through woven fabric.

Appendix 4

Accident and Emergency Post Exposure Prophylaxis after Sexual Exposure (PEPSE)

Patient Follow-up Information

DOCTOR/NURSE INSTRUCTIONS

- Please complete this form, give it to the patient to take to their follow up appointment **AND**
- Send an email* to GG-UHB.sandyfordsexualhealthadvisers@nhs.net with subject field: **'PEPSE dispensed'** and patients name, date PEPSE dispensed and DOB/CHI in the email OR phone **0141 211 8634** and leave details on voicemail facility.

***Only use nhs.net or ggc.scot.nhs.uk email accounts to send confidential information**

PATIENT INSTRUCTIONS

- You must go to Sandyford Central ***as soon as possible*** for further assessment and additional medication.
- Sandyford Central and some other Sandyford services can be accessed for PEPSE and are open Monday - Friday 8.30 – 4.30pm.
- To organise an urgent appointment please call **0141 211 8130/ 211 8634** and ask to speak to a nurse about PEPSE
- Take this completed form with you when you go to Sandyford.
- It is very important that you take any medication prescribed as directed.
- Information on PEPSE, can be found at http://www.steveretsonproject.org.uk/services/srp-clinic/pep/ or http://www.tht.org.uk/sexual-health/About-HIV/Post-exposure-prophylaxis

*******A&E DOCTOR/NURSE TO COMPLETE THIS SECTION ******

PATIENT DETAILS

Surname:.. **Forename:**..

CHI Number: ....

Date Seen: d d / m m / y y y y

Patient initially seen at:
Glasgow Royal Infirmary .... ❒
Queen Elizabeth University Hospital .... ❒
Royal Alexandra.................................. ❒
Inverclyde Royal .... ❒

Other: ________________________________

Doctor Name (PRINT):..

Doctor Signature: ....