



Disclosure of Rape or Sexual Assault

- Guidance Document for Healthcare Professionals

If your patient tells you they've been raped or sexually assaulted

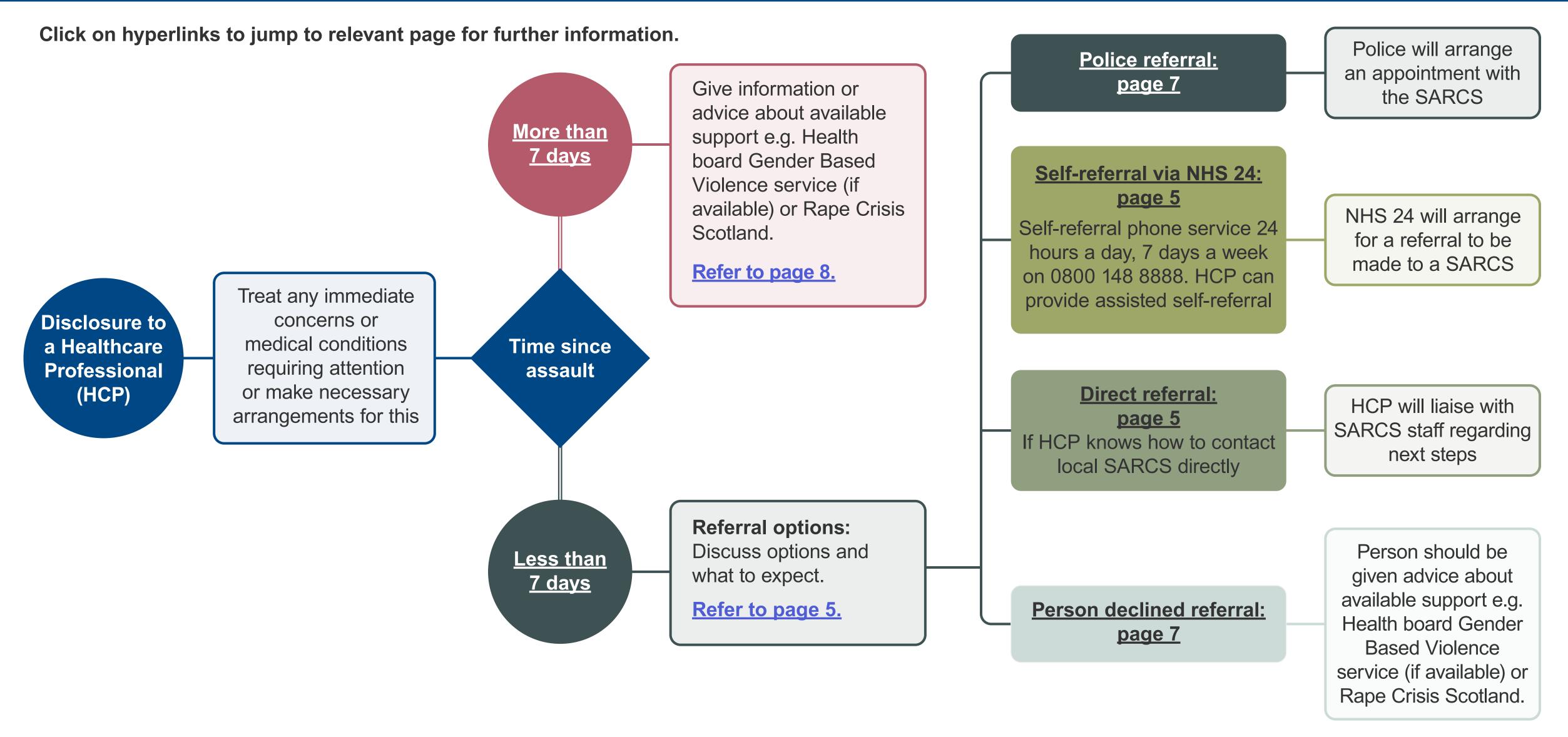
Turn to SARCS.





Disclosure of rape or sexual assault – Guidance document for Healthcare Professionals









Responding to the initial disclosure – all scenarios



This guidance is for healthcare professionals to support people who disclose rape or sexual assault. Self-referral is available for people age 16 and over - subject to professional judgement. For children under 16 you must follow child protection protocols (which should also be considered for young people age 16-18 where appropriate).

- Respond to disclosure in a trauma informed, person centred way, as this is a key step for recovery. Reassure the person that telling you is the right thing to do. See also <u>Trauma Informed</u> -National Trauma Transformation Programme
- Never "interrogate" the person about the incident.
 They may not wish to provide specific detail and you should not stray into the role of investigator.
- Be alert to the impact on the person of disclosing, perhaps for the first time, whether the events are recent or not. See also: <u>Public Health Scotland's</u> <u>Rape and sexual assault: What health workers</u> <u>need to know about gender-based violence</u> <u>guidance</u>
- Always consider whether the person is unable to safeguard their own wellbeing, property, rights or other interests; or is at increased risk of harm because they are affected by disability or mental health. If so, follow adult support and protection procedures.

- Discuss safety concerns for the person and any children in the household, especially if the perpetrator is known to them. If you know/ suspect a child is at risk, follow appropriate child protection procedures.
- Treat any immediate physical or medical conditions requiring attention or make necessary arrangements for this, provided you have the person's consent.
- Forensic samples should only be taken by a trained Sexual Offences Examiner (SOE) at a Sexual Assault Response Coordination Service (SARCS).
- With consent, the SOE will carry out a Forensic Medical Examination (FME) which may be able to collect evidence (such as bodily fluids or hair) that could help the police to confirm the identity of the person who carried out the assault.







Responding to the initial disclosure – all scenarios



- A FME should commence within 3 hours of referral to a SARCS (per Healthcare Improvement Scotland Standards).
- Be alert to any red flags which could indicate
 Non-Fatal Strangulation (NFS) and take
 appropriate action. See also: <u>Guidelines for
 clinical management of non-fatal strangulation in
 acute and emergency care services</u>. If the person
 is referred to a SARCS, signs of NFS should be
 assessed as part of the FME.
- Explain the options available to the person <u>if it</u>
 <u>has been 7 days or less since the assault</u>.

 These are:
 - Self-referral to a SARCS via NHS 24 the person can call NHS 24 themselves to be referred to a SARCS
 - Assisted self-referral healthcare professional can call NHS 24 on the patient's behalf
 - Direct referral healthcare professional can refer the patient directly to a SARCS
 - Reporting to the police who will contact SARCS to arrange FME if appropriate

These options are further explained on page 5, 6 and 7.

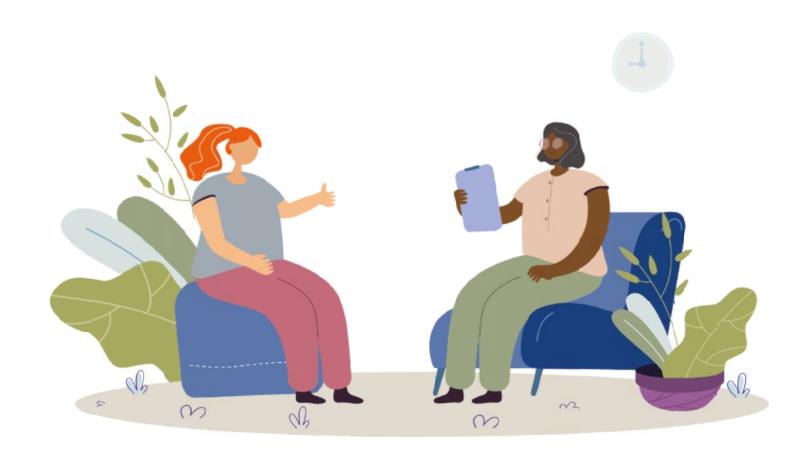
• Provide the leaflet "Turn to SARCS:
Information about the NHS Sexual Assault
Response Coordination Service (SARCS)"
This will explain the options in more detail, including what a FME involves and how to access other support services. If the leaflet is unavailable, or if the person does not want to take away a physical copy, signpost to Turn to SARCS webpage on NHS Inform.

Alternatively you can show them the QR code below which will take them to the digital version of the <u>Turn to SARCS leaflet</u>.



- It is important that the FME is arranged as soon as possible, particularly if the assault may have been 'drug assisted' (the person thinks they have been spiked), as traces of the drugs can leave the system very quickly, along with other forensic evidence. Further information about spiking and rape and sexual assault can be found at the <u>Turn to SARCS page on NHS Inform</u>.
- There is a SARCS in every health board. You should familiarise yourself with their location/contact details.

In all scenarios, patients should be signposted to Rape Crisis Scotland or any locally available support services – see detailed list on page 9.





7 days or less since the assault



Encourage the person to look at <u>Turn to SARCS page on NHS Inform</u> to find out more about the options available to them.

Self-referral

Self-referral to a SARCS

Self-referral to a SARCS enables a person to request a FME to collect any potential evidence if they do not feel ready to report to the police or are unsure about doing so.

Self-referral is available for people aged 16 and over, subject to professional judgement.

SARCS staff will also address any immediate health care needs including Sexually Transmitted Infections (STI) and Blood Borne Viruses (BBV) testing and provision of emergency contraception (if appropriate). They will coordinate onward referrals for care and support.

If the person wishes to self-refer, provide the 24/7 telephone number for **NHS 24 (0800 148 8888)** and encourage them to call as soon as possible to maximise the preservation of evidence.

Assisted self-referral (to NHS 24)

In some circumstances, it may be more person centred for you to call the **NHS 24 self-referral service (0800 148 8888)** on behalf of the patient, provided they are with you to confirm their identity and consent.

Direct referral to SARCS

Alternatively, with the person's consent you can refer to a SARCS directly if you are familiar with their location and contact details (noting that staff may only be available to answer calls in hours). Out of hours, contact will need to be made with NHS 24 (0800 148 8888), who will liaise with the out of hours team to arrange the necessary care.

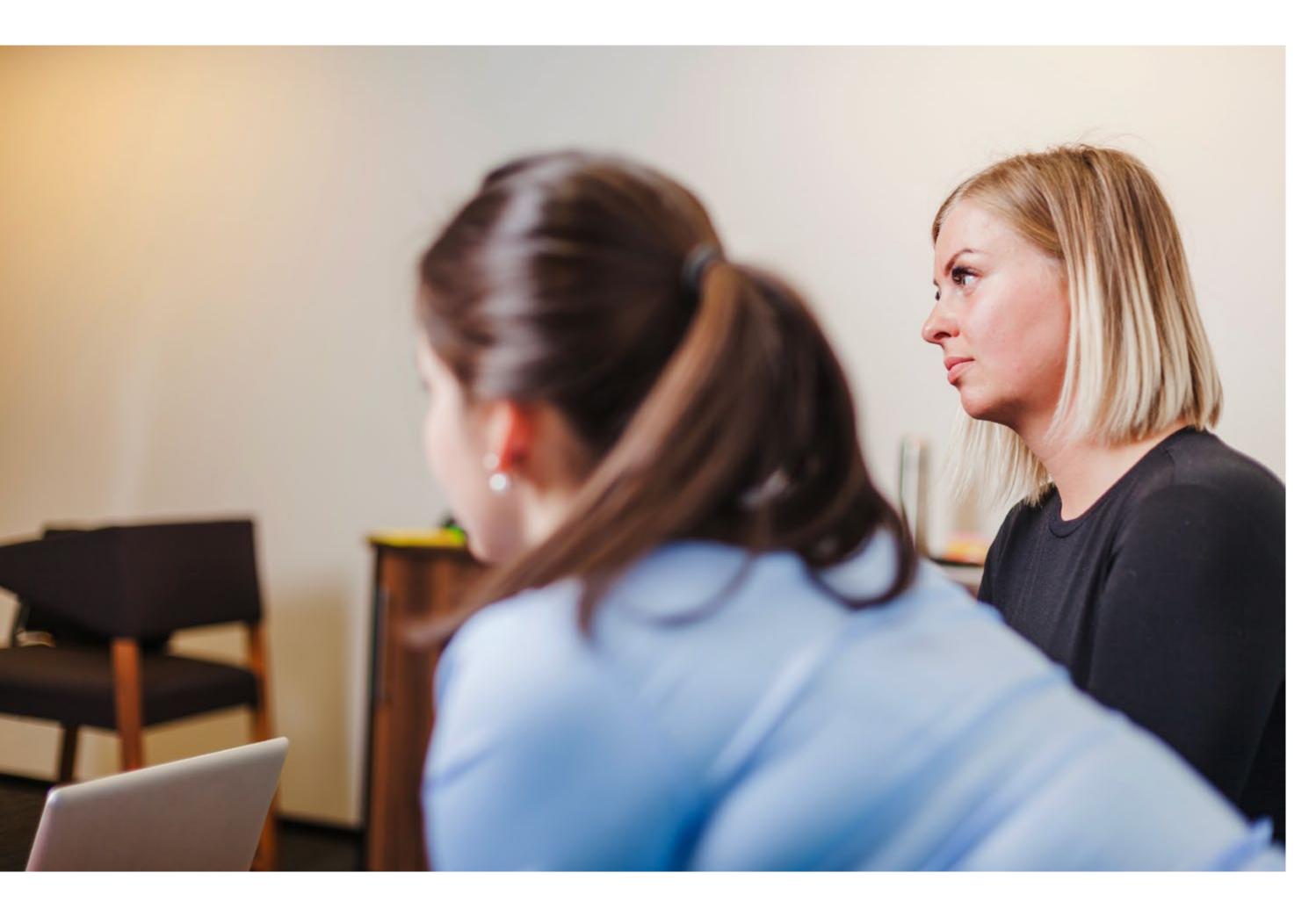






7 days or less since the assault





Retention of evidence

Advise the person to try to avoid washing and to retain any items of clothing (such as underwear) worn at the time of the assault. These should be placed in a clean paper or plastic bag as the person may be advised to bring it with them to the FME appointment at the SARCS.

If the assault involved the person's oral cavity, where possible they should try to avoid eating and drinking, smoking, vaping, chewing gum, brushing their teeth or taking non-essential medication.

If the person needs to urinate before the FME, advise them to keep all used toilet tissue/sanitary products in a clean paper or plastic bag and to bring it with them to the SARCS.







Police report

If a person wishes to report the assault to the police, a FME will be arranged through Police Scotland.

If the person wishes to report the assault, they should contact **Police Scotland on 101**. A Sexual Offences Liaison Officer (SOLO) would normally arrange the appointment at a SARCS to access a FME. SARCS staff will address any immediate healthcare needs and coordinate referrals to onward care and support as they would for a self-referral.

Provide the same advice regarding retention of potential evidence as you would for self-referral.

No self-referral to a SARCS or police report

If the person does not wish to self-refer to a SARCS for a FME or report to the police, you should:

If required, offer to prescribe emergency contraception, or refer as appropriate.

Assess the wish or need for referral for further assessment and screening, particularly for STI and BBV, including consideration of HIV prophylaxis (within 72 hours of assault) and Hep B vaccination.

Be alert to any red flags which could indicate Non-Fatal Strangulation (NFS) and take appropriate action See also: <u>Guidelines for clinical management of non-fatal strangulation in acute and emergency care services</u>

Refer to other services relevant to the person's needs, such as mental health or substance use. If unable to provide immediate healthcare directly, encourage the person to attend their GP or local sexual health clinic as soon as possible.

Advise the person it is still possible to call the NHS 24 self-referral number (0800 148 8888) and arrange to speak to someone in a SARCS if it's within seven days of the assault taking place.

Encourage the person to contact Rape Crisis Scotland who can provide advice on what reporting to the police would involve and can support them through the process if they wish to go ahead.

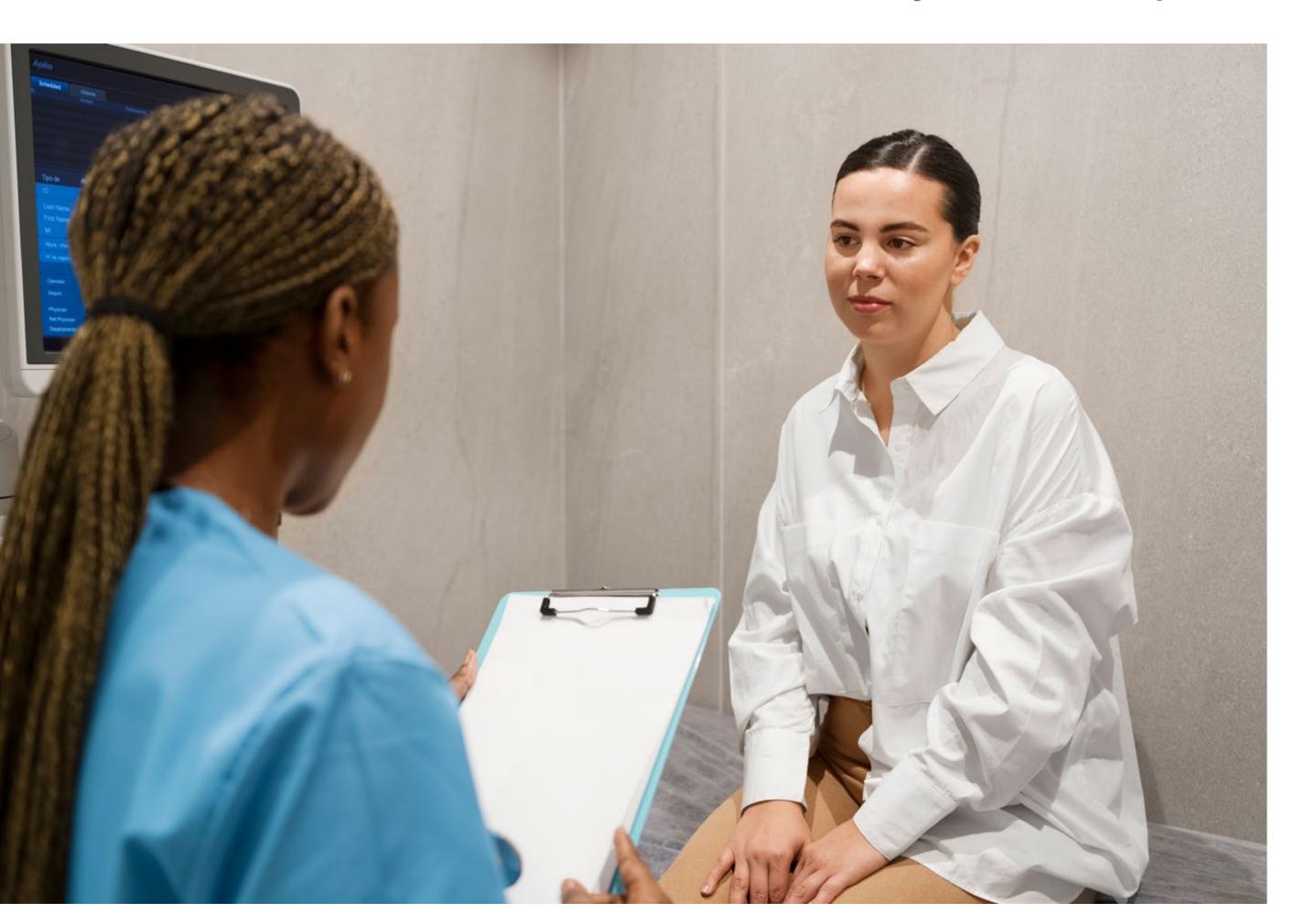
Other support services may be available in your local area.



7 days or more since the assault



If an individual discloses the assault more than 7 days after it took place, a FME is not usually required/appropriate.



Assessment for STI, BBV and pregnancy may still be necessary. Provide, or refer to GP or sexual health as appropriate.

Be alert to any red flags which could indicate Non-Fatal Strangulation (NFS) and take appropriate action See also:

<u>Guidelines for clinical management of non-fatal strangulation in acute and emergency care services</u>.

Encourage the person to contact Rape Crisis Scotland who can provide advice on what reporting to the police would involve and can support them through the process if they wish to go ahead.

Consider the wish for referral to other services relevant to the person's needs such as mental health or substance use.





Support and information



If the person does not want to take information away with them, advise them to search online for support organisations relevant to their needs when it is safe to do so. The person should also be advised that a copy of the 'Turn to SARCS' leaflet can be accessed online at NHS Inform or by scanning the QR code below.

NHS Inform

<u>www.nhsinform.scot/sarcs</u> which contains links to further support organisations.

Turn to SARCS leaflet QR code:



Rape Crisis Scotland Helpline

Call: 08088 010302 (5pm – midnight, every night)

Text: 07537 410 027

Email: support@rapecrisisscotland.org.uk

www.rapecrisisscotland.org.uk

Police Scotland

In an emergency dial 999, non emergencies dial 101 www.scotland.police.uk

Victim Support Scotland

0800 160 1985 (Mon to Fri 8am to 8pm) victimsupport.scot/

Breathing Space

0800 83 85 87 (Mon – Thurs 6pm to 2am and Fri 6pm to Mon 6am)

www.breathingspace.scot

Scotland's Domestic Abuse and Forced Marriage Helpline

0800 027 1234 (24 hours a day, 7 days a week)

www.sdafmh.org.uk

National Domestic Abuse Helpline

0808 2000 247 (freephone, 24-hour)

www.nationaldahelpline.org.uk

Childline

0800 1111 (24 hours a day, 7 days a week)

www.childline.org.uk





Think ACCESS



(Accessible, Care, Communication, Education, Safety, Speed)

Please use the check list below by ticking the boxes to confirm that you have covered all the appropriate steps

Accessible

✓ Do I have the right information to enable me to support the person, including the different options for a Police or Self Referral?

Care

√ Have I assessed immediate healthcare needs and provided or signposted to appropriate care?

Communication

- √ Have I communicated all relevant **information** clearly and ensured it is understood?
- ✓ Have I checked whether the person requires any further support?
- ✓ Do I need to support them with a telephone call to NHS 24, if required?

Education

✓ Can I explain the Sexual Assault Response Coordination Services and appropriate pathways into the services?

Safety

- ✓ Do I know how to respond to a disclosure sensitively?
- ✓ Have I made sure that the person is physically and psychologically safe?

Speed

√ Have I supported the person to access the care they need as soon as possible?







Working in partnership to support the delivery of coordinated, holistic, personcentred trauma-informed healthcare and forensic medical services in Scotland, for people of any age who have experienced rape, sexual assault, or child sexual abuse, including access to health and wellbeing support to aid recovery.

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This leaflet was designed by NHS National Services Scotland's Creative Services, for Scottish Government.

NSS3046

