



# Journal of Family Planning and Reproductive Health Care

The Journal of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists

**The *Journal of Family Planning and Reproductive Health Care* is a peer-reviewed journal that aims to improve reproductive and sexual health nationally and internationally. The Journal publishes high-quality research and information relevant to clinical care, service delivery, training and education in the field of contraception and reproductive/sexual health.**

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## Publication

The *Journal of Family Planning and Reproductive Health Care* is published on a quarterly basis by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. The Journal publishes original, international, peer-reviewed articles on all aspects of contraception and reproductive health.

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## Publisher

The *Journal of Family Planning and Reproductive Health Care* is published by Pavilion Publishing (Brighton) Ltd.

Pavilion Publishing (Brighton) Ltd  
PO Box 100, Chichester  
West Sussex PO18 8HD, UK  
Tel: +44 (0) 1243 576444  
Fax: +44 (0) 1243 576456

The journal is typeset and printed by Garnett Dickinson Print Ltd, Rotherham, UK.

## Subscription information

The Journal is sent free of charge to members of the Faculty of Sexual and Reproductive Healthcare. Subscription rates for other readers for 2010 are as follows: EU: individual £80, institution £160; rest of world air mail: individual £110, institution £210; NANCSS: £55. Subscriptions are obtainable from Pavilion Publishing (Brighton) Ltd.

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**Award:** Three prizes awarded annually for the best essays on a topic related to contraceptive, reproductive and sexual health care. The first prize is £300, with £100 each for the two runners-up.

**Eligibility:** Individuals (undergraduate medical students)

**Closing date:** 24 March annually

## The David Bromham Annual Memorial Award

**Award:** Prize awarded for a piece of work which, through inspiration, innovation or energy, has furthered the practice of sexual and reproductive health care in any way and any setting.

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**Closing date:** 7 April annually

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**Award:** Scholarship up to the value of £2000 to fund travel abroad to visit international colleagues, services, research or educational establishments to learn about some aspect of sexual or reproductive health care.

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**Award:** Approximately £4000 is allocated annually, divided between the successful applicants, for the purpose of funding training for health care professionals who have limited funding for attending training meetings.

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**Closing date:** See website for details

# Management of sexual assault and the importance of Sexual Assault Referral Centres (SARCs)

Sarwat Bari, Ruhi Jawad

## Introduction

Sexual assault is defined as non-consenting sexual activity, threats and attempts to commit sexual acts. Rape refers to penetration of the vagina, anus (since 1994) or mouth (since 2003) by an assailant's penis without consent. The new Sexual Offences Act 2003<sup>1</sup> came into force in 2004. It repeals almost all of the existing statute law in relation to sexual offences and made many changes to the Sexual Offences Act 1956. The purpose of the Act is to strengthen and modernise the law on sexual offences, whilst improving preventative measures and the protection of individuals from sexual offenders.

Sexual assault is a significant but under-reported problem. The police recorded 51 488 sexual offences in England and Wales in the year 2008–2009. This represented a 4% drop compared to the 2007–2008 figures.<sup>2</sup> According to the 2000 British Crime Survey approximately 9.7% of women had experienced some form of sexual victimisation (including rape) since the age of 16 years. Around 4.9% of women said they had been raped on at least one occasion since the age of 16 years.<sup>3</sup> Of those who had been subjected to sexual assault, 40% told no one about their ordeal. In only 12% of cases were the police informed.<sup>4</sup>

## Patient pathway

A person who has been subjected to sexual assault may choose to inform the police or may present to any health care provider [e.g. accident and emergency department, genitourinary medicine (GUM) clinic, sexual and reproductive health (SRH) clinic, general practitioner] After a sexual assault has taken place, the immediate management depends on where, when and why the client presents. Clients may present within a few hours or after many days following the assault. Whatever the situation, it is vital to explore the individual client's needs. This must be done in a non-judgemental and sensitive manner. The needs of the client are three-fold: forensic, medical and psychological.

If the client presents to the police, a specially trained Sexual Offences Investigating Team (SOIT) officer usually attends to such a client. The SOIT officer then refers the case, if appropriate, to the Sexual Assault Referral Centre (SARC) for a forensic medical examination. At the appropriate venue, and as part of the initial response to a complaint, the officer collects urine and mouth rinse using an early evidence kit. Urine is collected for toxicology screening and a mouth rinse for the detection of spermatozoa and subsequent DNA profiling is done.

*J Fam Plann Reprod Health Care* 2010; **36**(3): 115–116

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**Table 1** Recommended time frames<sup>a</sup> in which to take valid forensic samples

Type of sexual assault	Time for forensic sampling
Vaginal intercourse	≤7 days
Anal intercourse	≤72 hours
Oral intercourse	≤48 hours
Digital penetration	≤12 hours
Assault and rape in children	≤72 hours
Sexual assault (skin swabs only)	≤48 hours

<sup>a</sup>The decision to perform a forensic examination depends on the history and circumstances of the sexual assault under investigation. The time frames in this table are broadly followed by all Sexual Assault Referral Centres (SARCs), however they are case dependent.

Forensic testing is based on the principle of “every contact leaves a trace” (Locard's Exchange Principle).<sup>5</sup> However, DNA evidence is unlikely to be found later than 7 days after an assault of a woman or 3 days in the case of men and children.<sup>6</sup> There are recommended time frames in which to take valid forensic samples, for example, those published by the Faculty of Forensic and Legal Medicine (FFLM). If the client attends any health care provider within 7 days of a sexual assault taking place and does not wish to inform the police then the clinician should take a brief history and offer the option of referral to a SARC as a ‘self-referral’. Currently, in all SARCs in the UK, forensic examination can be carried out following self-referral, and samples are handed over to the police anonymously with the client's consent together with information on the nature of the assault.

## Importance of speedy access to a SARC

A SARC is defined as a ‘one-stop’ location where victims of sexual assault can receive medical care and counselling whilst at the same time having the opportunity to assist the police investigation into alleged offences, including the facilities for a high standard of forensic examination.<sup>7</sup> SARCs provide forensic medical examination services to their local police force and are located in dedicated accommodation and often in conjunction with a National Health Service (NHS) Trust. SARCs provide a supportive and safe environment, allowing clients to make informed choices regarding their forensic medical examination and aftercare whilst preserving anonymity. The service is operational 24 hours a day for victims of sexual assault (police referral and self-referral).

Home Office research supports SARCs as a highly effective and appropriate means of tackling sexual crimes with increased reporting and follow through of cases in the Criminal Justice System. By offering immediate medical care and advice, SARCs reduce the likelihood of longer-term sexual diseases, unwanted pregnancies and mental health problems.<sup>7</sup>

## What happens at the SARC?

### Forensic care

At the SARC, a detailed forensic examination is carried out. This involves taking a detailed history from the police, confirming the history from the client, and detailed physical and genital examination. After obtaining written



consent from the client, the Sexual Offences Examiner (SOE) examines the client from head to toe to document injuries on standard proformas. These notes form part of the SOE's contemporaneous notes. Any information provided by the client is not confidential as the contemporaneous notes form the basis of the statement and can be ordered to be released to court. An examination of the client's general appearance, visible injuries, marks, particulates and fibres is noted. Then forensic samples are taken from all areas of the body relevant to the history of the sexual assault. A trained crisis worker, who is often a qualified nurse or a social worker, allocated to support the client is present in the room throughout the examination. Before the examination, the client may hand over clothes and sanitary wear as exhibits. Urine and blood samples are collected for toxicology.

All samples collected are labelled, sealed and signed by the SOE and specific forms signifying the chain of evidence are completed. The chain of evidence is a legal concept, which requires that the origin and history of any exhibit to be presented as evidence in a court of law must be clearly demonstrated to have followed an unbroken chain from its source to the court. All persons handling the sample and the places and conditions of storage must be documented, with a note of the time, date and place and signatures where appropriate.<sup>8</sup>

The samples and documentation are then forwarded by the police to the Forensic Science Service (FSS) for forensic analysis. The results are reported back to the police, who then inform the client. In case of self-referral, samples are handed over to the police anonymously with the client's consent for forensic analysis. The results are reported back to the client via the SARC and the police. Following consultation with the client and the Crown Prosecution Service (CPS), decisions are then made about taking the case forward to a court of law.

A request to prepare a formal witness statement prior to proceedings or hearings or to give evidence in court usually comes from the police, CPS or occasionally from solicitors acting on the client's behalf. This statement also typically includes medical and forensic records that are relevant to the case.

### Medical care

Post-forensic examination, it is important to discuss the sexual health aspects as regards risk of sexually transmitted infections, unwanted pregnancy and need for hepatitis B vaccine. After discussion and assessment of each individual case, prophylactic antibiotic treatments and emergency contraception may be offered as appropriate.

National guidelines recommend offering hepatitis B vaccination to everyone who has been sexually assaulted who is not known to possess immunity.<sup>9</sup> A risk assessment is done for HIV and the option of post-exposure prophylaxis medication. A follow-up visit is arranged for the client in a GUM or SRH setting.

### Psychological care

The impact of sexual assault should not be underestimated since it is associated with major psychological and mental health morbidity. Clients may be expressive and tearful, quiet and controlled, intoxicated, shocked or in denial.<sup>10</sup>

Depression, alcohol and drug dependence and post-traumatic stress disorder are each associated with greater odds of lifetime health care professional contact for women victimised in adult sexual assault.<sup>11</sup>

These psychological sequelae often become profound and long term, and so victims require sensitive care, therapy, written information and a follow-up service. Appropriate referrals to different statutory and voluntary sectors according to the client's wishes and needs are essential to ongoing aftercare.

### Holistic care and open access

In conclusion, the client who has been sexually assaulted needs a holistic approach to management. The partnership between the police, CPS, FSS, SARCs and other statutory and voluntary agencies is essential in meeting clients' needs and also for the appropriate prosecution and sentencing of the perpetrator through standardised forensic evidence collection and analysis and victim-friendly court proceedings. SARCs play a key role in these processes by offering a 24-hour, open-access service with a high standard of care, while also enhancing the investigation and prosecution of cases in that context.

### Statements on funding and competing interests

**Funding** None identified.

**Competing interests** None identified.

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