INTRODUCTION

Attending patients who have been sexually assaulted demands sensitive medical and emotional care from Ambulance Clinicians. It also demands an awareness of forensic aspects of these cases.

HISTORY

History should be limited to identifying the need for medical treatment. It is not appropriate for Ambulance Clinicians to probe the details of the assault. In the worst case scenario this could affect the outcome of Police investigations.

ASSESSMENT

Where necessary, follow the appropriate medical/trauma guidelines.

Where a hospital alert message is passed over the radio, provide details only of injuries present and their management.

It may be appropriate to delay full assessment of some injuries until arrival at the treatment centre, to avoid further distressing the patient and disturbing evidence.

If called to the location of the assault, make every effort to avoid disturbing the scene. Ensure that Police are called promptly so that the scene can be secured.

COMPETENCE AND CONSENT

Patients are likely to be very distressed about the events surrounding sexual assault. They may not want to involve anybody else, and may not consent to disclosure of information to other parties such as the Police. Do **NOT** judge, or give the appearance of judging the patient. Be kind and considerate, and allow the patient space, and as much choice about options for their treatment as possible. They may well feel worthless, guilty and humiliated; dominant controlling behaviour will intensify these feelings.

Reference to the safeguarding children and vulnerable adult policies may be appropriate.

Where a patient is competent to refuse hospital treatment, and does so, then it is important to advise them to seek further medical attention. They may need post exposure prophylaxis and or contraceptive advice, both of which can be provided confidentially.

PROTECTION

For the protection of Ambulance Clinicians, individuals should avoid being alone with the patient where possible. It may be appropriate for the patient to be accompanied in the back of the ambulance by another person as well as a member of the ambulance crew. The ambulance crew should be aware that the patient may be anxious when left alone with a person of the same sex as the assailant. On the other hand, they may be reassured by the presence of a professional person. The wishes of the patient must be considered and attempts made to make them feel reassured and safe.

Encourage the patient to leave the same clothes on as were worn at the time of the assault, and not to throw away or destroy any clothing.

If a blanket is needed for patient modesty or warmth, then this should ideally be one which has not been handled by any other patient or relative. Single use blankets are ideal for this situation. Blankets used should be left with the patient.

Encourage the patient not to bathe or wash until forensic investigations have been completed. Avoid cleaning wounds unless absolutely necessary clinically. If required a lightly applied dry dressing should be used. Any used dressings or swabs should be retained for forensic examination.

It is normal practice to collect saliva and possibly swab the buccal mucosa, therefore, avoid giving the patient drinks until officers have had the opportunity to collect these samples. Similarly do not let the patient brush their teeth.

Forensic analysis will concentrate specifically on those areas affected, such as wounds, mouth, anus and vagina as well as any areas where the victim was kissed, licked or bitten. This may all be contaminated with an assailant's deoxyribonucleic acid (**DNA**) and represent the best opportunity for detecting stranger rapes.

Drug screening for sexual assault should be done as soon as possible, as some drugs have a very short half life, and the Police will need to collect an evidential urine sample.

All of these recommendations are vital to conserve evidence for a successful prosecution of the offender, **BUT** must be conveyed with great tact to the patient who may well want to shower and change.

FURTHER CARE

Encourage all victims of sexual assault to attend treatment centres, and inform the police. Both will be able to provide physical, medical and emotional support.

In some areas special arrangements exist for patients suffering sexual assault to be examined and interviewed in Police or other facilities. Local guidelines should be followed as to the best destination and mode of transport for the patient.

Handover at the care centre should be to an appropriate member of staff, with due regard to the sensitive nature of the information. Handover should not take place in a public area.

DOCUMENTATION

Complete the clinical record in great detail, documenting only facts, not your opinion. Document what the patient says, and your own findings, with relevant timings. This should be done contemporaneously. A Police statement may well be needed later on.

Key Points – Sexual Assault

- Sexual assault may be concurrent with other injuries which will need treating.
- Treatment should avoid disturbing evidence where possible.
- Leave the investigation to the police.
- Accommodate patient wishes where possible.
- Police may have special facilities for dealing with victims.

METHODOLOGY

Refer to methodology section.