

Responding to Victims of Sexual Violence Who Present to the Adult Emergency Department - Summary Clinical Guideline

Reference No: CG-EMD/2021/018

Patient attends ED reporting sexual assault within the last 7-10 days

The police may or may not already be involved, but all patients need to be assessed as below.

Take your time. Give the patient the time and space they need to talk about what has happened to them. Do not rush things, and explain what you are going to do. If the patient is going to undergo a forensic medical examination keep their clothes safe, and ideally do not give them a hot drink or anything to eat whilst in ED. A drink of water may be offered.

History

- Needs to include details about the assault
- Any details the patient may have about the perpetrator(s).

Examination

- Examine the patient from head to toe and accurately record all injuries sustained.
- Use a body map if available.
- If wounds need closure then contact the police with the patient's permission before closure as swabs may be taken from the wounds.
- Do **not** perform a pelvic examination unless urgent treatment is required.

Infections

- Assess the need for Hepatitis B and HIV infection prevention.
- Send blood for Hepatitis B, Hepatitis C and HIV testing (and possibly syphilis).
- Start PEPSE if needed and Hepatitis B vaccination course.
- Inform the patient's GP as they may need to continue the Hepatitis B vaccination course

Pregnancy

- If the victim is female consider the need for emergency contraception.

Legal and safeguarding

- Does the patient want to report this to the police? If not, are there any reasons to go against their wishes?
- Was this domestic violence? If this was domestic violence then complete a Safer Lives (CAADA-DASH checklist), and refer to MARAC as needed.
- Are there any children who require referral to Children's Social Care?

Discuss all difficult cases with an EM consultant

Onward referrals

- Offer the patient a referral to the local SARC. Explain that they can attend the SARC without involving the police and the SARC can provide ongoing support. If patient declines referral provide them with the contact details for their SARC
- Ensure the patient has the contact details for their local sexual health service as they need follow up for sexually transmitted infections and blood borne viruses.
- Offer to contact the police for the patient if they wish to make a report to the police.
- Check where the patient will go after discharge from ED