



What happens now?

Feb 2019 Review date Feb 2022 – check www.fflm.ac.uk for latest update

Doctor or nurse to complete and delete irrelevant information

Medical aftercare

This leaflet is about the services which are available to you. Some of the information in the leaflet may not be relevant to you – the doctor or nurse who has examined you will show you which sections you should read and which sections you can ignore.

Name of SARC:

SARC telephone number:

Name of doctor or nurse who examined you:

Name of Specially Trained Police Officer (e.g. STO, SOLO, SOIT):

Contact details:

Name of Crisis Worker:

Name of Independent Sexual Violence Adviser (ISVA):

Date:

Emergency contraception

In the UK, three methods of emergency contraception (EC) are available. The doctor or nurse will discuss whether you may need this and advise you which method is the most appropriate for you. In order to do so, they may ask you questions about your periods, what contraception you may have used and when, and whether it is 'in date', or if any pills have been missed, and if there has been any other recent sexual intercourse. A pregnancy test may be suggested before you are given any EC. It is important to tell the doctor or nurse if you are taking any other medicines or have any allergies, in case these may interfere with the effectiveness of EC.

Method 1 – progesterone only emergency contraception (POEC), levonorgestrel (LNG-EC)

Take the tablet as soon as possible; it works best the sooner it is taken, but should be taken within 72 hours (3 days). It may be taken later than this, but only after medical advice.

It works either by stopping an egg being released (ovulation) or by stopping an egg settling in the womb (implanting). The pill may make you feel or be sick. If you actually vomit

within 3 hours of taking it, you may need another pill or other treatment. If this occurs please contact the SARC, a pharmacist, your GP, or a contraception/sexual health clinic for advice, as soon as possible.

In certain situations the doctor or nurse may need to double the dose e.g. if you are or have been taking some medicines (within the last 28 days) which may interfere with how the EC works; if you weight or body mass index (BMI) is above a certain level.

Method 2 – selective progesterone receptor modulator, (SPRM), ulipristal acetate (UPA-EC)

This tablet works mainly by preventing or delaying the release of the egg from the ovary (ovulation) and depending on the circumstances, can be used up to 5 days after sexual intercourse. The doctor or nurse will discuss whether this method is appropriate for you. If you vomit within 3 hours of taking it, seek advice from the SARC, or pharmacist, GP or clinic as soon as possible.

For both types of oral EC, the doctor or nurse will advise you what to do about your usual method of contraception, if appropriate.

The effectiveness of oral EC tablets can vary and the doctor or nurse will explain why they have advised a particular method.

Method 3 – the copper IUD ('coil' or Cu-IUD)

A copper intra-uterine contraceptive device (Cu-IUD) can be fitted into your womb within 5 days of sex, or as otherwise advised by the doctor or nurse.

This method works either by stopping an egg being fertilised or stopping an egg settling in the womb. It is very effective (almost 100%).

If you decide to have an IUD, the doctor or nurse may suggest taking oral EC, first, in case there might be a delay in having the Cu-IUD fitted.

You have been given an appointment/advised to attend: (delete as appropriate)

on:

at:

to discuss this method further.

EC does not always work, so if you do not have a normal period within three weeks, you should attend your GP or a sexual health clinic to check that you are not pregnant. Sometimes, a pregnancy can occur in the wrong place, outside the womb, this is called an ectopic pregnancy, and it can occur if EC does not work.



It is an uncommon but serious condition; so if your period is late or you have abdominal (tummy) pain, you should seek urgent medical attention or go to the nearest Emergency Department and tell the staff what happened and the treatment you received. There is a useful information leaflet here: www.fpa.org.uk/sites/default/files/emergency-contraception-pdf-information.pdf

Sexual health

Research has shown that the chance of a sexually transmitted infection (STI) being passed to you during a sexual assault is low. The doctor or nurse will talk to you about the risk in your case and whether preventative medication is available and appropriate. As some infections might not cause you any discomfort or discharge, you are advised to:

- A. Visit a sexual health/genito-urinary medicine clinic within _____ hours/days.
- B. Revisit this centre to have some special tests done in approximately _____ days (doctor or nurse to insert no. of days)
- C. Complete the course of medication that the doctor or nurse has given you to prevent some sexually transmitted infections.

The forensic swabs taken today cannot be used to check for infection.

Whilst this may not apply to you, the doctor or nurse will usually advise 'safer sex' by using condoms with your partner, until you have had tests for STIs.

At the sexual health clinic the staff will offer you advice and support. You may see a doctor or nurse who will ask you about any medical problems and offer an examination, or you may be able to do 'self tests'. These tests may consist of swabs, blood &/or urine. Some of the results may be available the same day but others have to go to a laboratory and may take up to two weeks to come back. The clinic staff will advise you on what treatment, if any, is needed and what other tests may be appropriate and when. The clinic staff will also advise you on when and how the results will be provided to you.

Please do not hesitate to ask any questions that you have (it might help to write these down as they occur to you) and remember you can arrange to see the staff again, for support or advice, even if you decide not to have any samples taken.

Your local sexual health clinic is:

Telephone No:

- A. Please telephone this number to make an appointment. The STO/Crisis Worker/ISVA will make the initial appointment for you.

- B. An appointment has been or will be made for you:
on: _____

at: _____

Please take the letter I have provided with you when you attend.

- C. A letter has been sent (with your agreement) to the clinic and they will send you an appointment.

NB doctor or nurse to delete irrelevant information

Advice and support

An individual's response to a sexual assault is very variable. Some people may feel better if they talk about what has happened. Although families and friends may listen to and support you, you may get additional or alternative help from a trained counsellor.

This special help is available from: *(insert ISVA/counsellor/clinic)*

Telephone no. _____

- A. Please telephone this number to make an appointment. The STO/Crisis Worker/ISVA will make the initial appointment for you.

- B. An appointment has been made for you:
on: _____

at: _____

Please take the letter I have provided with you when you attend.

- C. A letter has been sent (with your agreement) to the ISVA/counsellor/clinic and they will send you an appointment.

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There may also be help available from Victim Support. With your permission the police will pass your details to your local Victim Support scheme or other specialist agency and a trained individual from that scheme will contact you to offer to visit. Victim Support has considerable experience in giving advice and support with cases being investigated by the police.

If you have come without reporting the incident to the police, the SARC staff will arrange support for you.

All the services mentioned above are provided free of charge. You may also be offered the support of an Independent Sexual Violence Advisor (ISVA), see page 1.

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on behalf of the of the Faculty of Forensic & Legal Medicine

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Send any feedback and comments to forensic.medicine@fflm.ac.uk