



What happens now?

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Forensic clinician or crisis worker to complete and delete irrelevant information

This leaflet is about the services which are available, after your examination at the sexual assault referral centre (SARC) or the sexual assault co-ordination referral service, (SARCS). The forensic clinician, (e.g. a doctor, nurse or midwife) who has examined you, or the crisis worker, will show you what parts you should read and what you can ignore. All the services mentioned are provided free of charge.

They will ask you if they can contact other services which can support you. All services will explain to you how they keep your name and information private, (confidential).

In the UK, by law, your name cannot be made known, unless you decide it can.

SARC/SARCS Information

Day and Date of attendance			
Name of SARC and your Unique Reference/ID			
SARC/SARCS contact details	Phone:	Email:	
Role, title and name of forensic clinician and regulatory number		Dr/Nurse/Midwife	
		GMC/NMC	
Name of crisis worker			
Name and contact details of attending police officer (where relevant)			
Crime reference number (where relevant)			
Independent Sexual Violence Advocate or Advisor			
Counselling service			
Other or specialist services			



Medical Aftercare

N.B. forensic clinician or crisis worker to cross out what is not relevant

Emergency Contraception

In the UK, there are three (3) methods of emergency contraception (EC). The forensic clinician will explain what this is and if you may need it. They will ask you about your health, medicines, allergies and other information. This includes 'natural' medicines, for example, from a health food shop. This helps them to advise you which is the correct type(s). They may ask to check a pregnancy test, first.

Important: The pills described in **Method 1** and **Method 2** are to be used now. They do not work in the next days or weeks. The forensic clinician will explain what to do next. They will explain about using condoms. They will usually discuss **Method 3** because it is the most effective.

Method 1 – progesterone-only emergency contraception (POEC), levonorgestrel, (LNG-EC). It may have other 'trade' names.

Take the pill as soon as possible. The sooner, the better and within 72 hours (three (3) days). Only when given medical advice, should you take it later than this. The forensic clinician will explain if this is right for you. They will explain if they advise you to take two, (2) pills together.

After you take it, if you vomit within three, (3) hours, get advice as soon as possible. This can be from the SARC or SARCS. Or from a pharmacy, a GP, or sexual health clinic. If they advise you to take the pill(s) again, it must be the same type.

This pill works by stopping your ovary releasing an egg, (ovulation).

Experts say this pill has a failure rate of 1-3%. See: [3 Day Emergency Pill - Contraception Choices](#)

Method 2 – selective progesterone receptor modulator (SPRM), ulipristal acetate, (UPA-EC). It may have other 'trade' names.

Take the pill as soon as possible. The sooner, the better and within 120 hours (five (5) days). The forensic clinician will explain if this is right for you.

After you take it, if you vomit within three, (3) hours, get advice as soon as possible. This can be from the SARC or SARCS. Or from a pharmacy, a GP, or sexual health clinic. If they advise you to take the pill again, it must be the same type.

This pill works mainly by stopping your ovary releasing an egg, (ovulation).

Experts say this pill has a failure rate of 1-2%. See: [5 Day Emergency Pill - Contraception Choices](#)

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

A coil, (copper intra-uterine contraceptive device (Cu-IUD)) can be fitted in your womb, (uterus). This is done within 120 hours (five (5) days). The forensic clinician will explain if it can be fitted later than this. The coil works either by stopping a sperm joining with an egg, (fertilising). Or it stops the fertilised egg settling into the lining of the womb. It is very effective. Experts say it is 99% effective. This is because fewer than 0.1% of women would become pregnant, after the coil is fitted. See: [Emergency Copper Coil](#).

The forensic clinician may advise you to take the pill, **Method 1** or **Method 2**, before the coil is fitted. This is in case there is a delay in having the coil fitted. Or you decide not to have a coil.

Usually, it is not possible for you to have a coil fitted at the SARC/SARCS. The forensic clinician will ask your consent to contact the clinic to arrange an appointment for you. Or they will ask the clinic to contact you.

If your appointment is made, the details are:

Day, Date, Time of Clinic appointment:

Name of Clinic and contact details:

At the appointment the clinic staff will explain the coil and fit it, if you agree. The coil is very effective and can give you a reliable, long-acting method of contraception, (LARC).

You can read more about EC, here: [Emergency contraception - NHS](#)

And here: [Emergency Contraception - Contraception Choices](#)



Important information about emergency contraception (EC)

The forensic clinician will explain the side effects of each method of EC. They will answer any questions you may have.

- EC may cause vaginal bleeding. This does not mean it has worked. Make a note of any bleeding you have, even if it's not a period.
- EC does not always work. If you've not had a normal period after three weeks, do a pregnancy test. You can go to your GP or sexual health clinic. Or do one yourself, at home.
 - You should not do the pregnancy test earlier, because it is too soon.
- Sometimes, a pregnancy can occur in the 'wrong' place, outside the womb. This is called an 'ectopic' pregnancy. It is serious. It may cause tummy pain and/or bleeding, with a positive pregnancy test. If this happens, you should get medical care, urgently. Or go to the nearest Emergency Department, (ED or Accident & Emergency). Tell the staff about the test, pain and/or bleeding. You can read more here: [Ectopic pregnancy - NHS](#)

Sexual Health

N.B. forensic clinician or crisis worker to cross out what is not relevant

Research shows the risk of a sexually transmitted infection, (STI) is low. The forensic clinician will talk to you about the risk. They will explain if you should have treatment to lower this risk.

Immediate aftercare advice

Any advice and treatment you may be offered is discussed with you. The forensic clinician may advise you to have:

- A vaccination against hepatitis B, a virus. Since 2017, this is one of the standard childhood vaccinations, so you may not need it. You may have the first dose of this vaccination at the SARC/SARCS. Then you will be advised about further doses, as part of your follow-up care.
- A course of medicines to prevent HIV, (known as HIV post-exposure prophylaxis, or HIV-PEP). Sometimes, there is no risk of this. The forensic clinician will discuss this with you. They use expert guidance to assess the risk and advise you whether you should have these medicines.
- Sometimes, although not often, you may be advised to have antibiotics or other medicines.

Follow-up care advice

- As described above, a pregnancy test is best done after 21 days/three (3) weeks.
- Although the risk is generally low, it is important to have tests for infection at the right times. Some tests can be done on swabs or urine, after 2 weeks. It is important to have tests because you may not know you have an infection.
- The forensic clinician or the clinic staff will discuss other tests, usually blood tests, with you. These will be some weeks or months later, at the right time.
 - For example, an HIV test can be done after 6½ weeks after the incident or 6½ weeks after completing a course of HIV-PEP.
 - Other blood tests are done at or after 3 months. You will be advised what tests should be done and when.

Advice on referral for sexual health follow-up care

Option 1	The SARC/SARCS may offer follow-up sexual health care, and they will advise you if this is available
Option 2	Attending a local sexual health clinic, for example, one which you have attended in the past, should you wish to do so. With your permission, the forensic clinician may write a referral letter to the sexual health clinic. This may be given to you to take with you, and/or emailed directly to the clinic. If you have this letter, please take it with you when you attend the clinic. • If you do not know of any clinics, the forensic clinician or crisis worker can provide details. And, if you wish, with your consent, ask the clinic to contact you. You may prefer this, so that the clinic can arrange an appointment for you. This would mean you do not have to use a 'walk-in' service and wait. ◦ Your local sexual health service is: ◦ Their contact and address details are: ◦ Their website is: • If you prefer, you can arrange a clinic appointment, yourself.



Option 3

You may prefer to use an on-line service, where testing kits may be ordered by post.

- This is usually only available if you are aged 16 years of age, or older. Sometimes, it may be available only to those aged 18 years and older. The forensic clinician or crisis worker will provide advice on this.
 - Your local on-line service, from which kits-by-post may be ordered, is:

Other information

The forensic swabs taken today cannot be used to check for infection. It is not usual for tests for infection to be taken at the same time as the forensic swabs, as it is too soon.

- You may not need the following advice, so please tell the forensic clinician.
 - They will usually advise 'safer sex', using condoms with your partner. Or not having intercourse until you have had the tests for infection, (STIs) and know they are 'clear', (negative).
- At the sexual health clinic, the staff will offer you advice and support. You may see a doctor or nurse. They will ask you about any medical problems and offer an examination, if you wish. Or you may be able to do 'self-tests'.
- These tests may be swabs, urine, and later, blood tests.
- Some test results may be given to you, the same day. Some tests have to be sent away and may take up to two weeks to come back. They will ask you how you would like to receive the results.
- The clinic staff will advise you if any treatment, is needed and what other tests may be appropriate and when.
- The clinic staff will offer hepatitis B vaccinations, if you need them.

Please ask any questions at the clinic. It might help to write these down as you think of them. You can ask for another appointment for support or advice.

If you have attended a SARC/SARCS in an area away from where you live, the forensic clinician or crisis worker can also provide details of your local SARC/SARCS. Or you can find these by searching on the NHS website.

Advice and support

N.B. forensic clinician or crisis worker to cross out what is not relevant

A person's response to a sexual assault is individual to them. You may feel better if you talk about what has happened, or you may prefer not to do so, or not wish to do so straightaway. Although families and friends may listen to and support you, you may get additional or alternative help from a trained counsellor. Counselling does not usually start immediately, and the forensic clinician or crisis worker will advise you on this.

Some SARC/SARCS will offer support 'in-house' from:

- A Counsellor or Therapist
- An Independent Sexual Violence Advocate/Advisor, (ISVA)

In some areas, these services are provided separately. This will be discussed with you and a referral made, with your consent. The referral may be made by the forensic clinician, the crisis worker, or other colleagues working within the SARC/SARCS.

Sometimes, the specialist police officer will make the referral to the ISVA.

There may also be help available from Victim Support, which the police may discuss with you. With your consent, the police will pass your contact details to the service. They will contact you to discuss what they can offer you. Victim Support has considerable experience in giving advice and support where investigations by the police progress to Court.

Non-police or self-referrals

If you have attended the SARC/SARCS without reporting the incident to the police, the staff will provide you with information and advice. This will be about how long forensic samples may be stored, (if taken) and support for you.

In some services, it may not be possible to offer support from an ISVA, when the police are not yet involved.