

Additional prompts for providers of sexual assault referral centres

These service-specific prompts are in addition to those in the [assessment framework for healthcare services](#). Please read both.

Safe

S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Are there policies to manage people with drug or alcohol dependency while they are on the premises?

Where a person is identified as being at risk of harm or urgent concerns are identified, what action is taken to safeguard them?

S3: Do staff have all the information they need to deliver safe care and treatment to people?

Do care records include body maps and photo documentation?

Are colposcopes or colposcope-equivalent equipment available for high-quality photo and video documentation?

Are proformas and protocols regularly updated in line with the Faculty of Forensic and Legal medicine (FFLM) guidelines and do staff access regular updates from the FFLM?

Are there clear procedures and protocols to securely manage photo documentation and intimate images?

Effective

E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

Are people's needs and care assessed and is their care and treatment delivered in line with guidance from the FFLM, the Forensic Regulator and other expert professional bodies?

Is care and treatment supported by clear clinical pathways and protocols? Do these include plans for immediate health care, including an assessment of physical injuries that need urgent treatment, and an assessment for post exposure prophylaxis after sexual exposure to HIV (PEPSE), antibiotics and/or hepatitis B prophylaxis, and emergency contraception?

E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Do staff receive core training on trauma? What processes are in place to monitor the take up and effectiveness of this training?

Are staff competent in both forensic medical examinations and in assessing and providing for people's holistic needs? Does this include safeguarding from all forms of maltreatment and assessing and managing physical and emotional conditions that may or may not be related to the alleged sexual abuse?

Are staff appropriately trained in the use of colposcopes?

When health professionals write reports and court statements, do they participate in a peer review process? What quality assurance processes are there?

Are people able to get timely access to an independent sexual violence advisor (ISVA) or child ISVA as appropriate?

E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?

Is there good partnership working with other agencies and organisations?

Are there clear and effective clinical pathways into and from the service that comply with national standards?

Are there clear and effective pathways to psychosocial advocacy, counselling and ongoing support services?

Caring

C3: How are people's privacy and dignity respected and promoted?

Is there a policy to cover those circumstances where there might be a need to breach confidentiality and what those circumstances might be?

Are clients able to make an informed choice about what they disclose?

Do the protocols for managing confidential images include sharing with defence medical experts?

Responsive

R1: How do people receive personalised care that is responsive to their needs?

How does the service raise awareness of its services within the local area?

Are people able to self-refer?

Are services and environments age-appropriate? Is the environment welcoming?

R2: Do services take account of the particular needs and choices of different people?

Are there procedures to alert when people attend more than once?

Does the service allow people to choose the gender of the clinician?

R3: Can people access care and treatment in a timely way?

Is the timing of assessments in line with the national guidance for pathways for acute and historic sexual abuse?

Well-led

W3: Is there a culture of high-quality, sustainable care?

Are there procedures to monitor the welfare of staff and identify potential vicarious trauma? Is there access to psychological support?

Are there appropriate policies for lone working?