



# Suffolk Constabulary Policies & Procedures

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## **Sexual Assault Referral Centre (SARC)**

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### **1. Introduction**

1.1 NHS England Midlands and East (East) Health and Justice and Suffolk Constabulary commission a Sexual Assault Referral Centre (SARC). Suffolk Constabulary provide this service, named 'The Ferns', in line with NHS standards.

1.2 The purpose of the SARC is to provide a single location in which to identify and meet the needs of all victims of sexual assault. This will, where appropriate, include facilitating access to wider healthcare, social care and criminal justice processes, according to need, with the aim to improve individual health and well-being, as well as criminal justice outcomes.

1.3 The SARC provides all services in one location. Services include:

- Early forensic evidence collection.
- Medical examination.
- Referral for sexual health screening.
- Referral to the Independent Sexual Violence Advisors (ISVA) service.
- Referral for counselling.
- Self-referral facility for victims who do not wish to make a formal report to police.
- Anonymous intelligence.

1.4 Access to the SARC may be by either self-referral or the police. It is acknowledged not every victim wishes to make a formal complaint to police for many different reasons, or they may need time to think about their

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options. The SARC gives victims independent and professional advice about the options available to them.

- 1.5 The Deputy Chief Constable (DCC) is Suffolk Constabulary's Strategic Lead and is responsible for overseeing the development and coordination of strategic policy initiatives associated with the investigation of serious sexual offences.
- 1.6 The Detective Superintendent, Protecting Vulnerable People, is responsible for supporting the DCC with the discharge of their responsibilities and ensuring that processes and procedures are carried out appropriately.
- 1.7 Suffolk Constabulary is committed to providing a positive and consistent response to all Rapes, Serious Sexual Assaults and Domestic Abuse incidents.
- 1.8 The SARC has a business continuity plan which will enable it to maintain its critical activities in the event of a scenario impacting on its daily business.

## **2. Victim Care**

- 2.1 The physical and psychological welfare of the victim is paramount and at no time will the collection of trace or corroboration evidence take precedence over the victim's wishes and need for medical treatment.

## **3. SARC Services**

- 3.1 The following services are available 24 hours a day, seven days a week:
  - Initial needs assessment by a crisis worker.
  - Crisis support.
  - Specialist forensic services in dedicated forensically cleaned and approved premises.
  - Specialist clinical services, for example, emergency contraception, pregnancy testing, risk assessments for HIV.
  - Risk assessment of harm, including self-harm and vulnerability.
  - Referral for safeguarding, practical and psychological support.
  - Facilitation of police involvement for self-referral victims, if necessary.

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3.2 Services available within normal working hours (0900 – 1700 Monday – Friday) include:

- Advice to victims, police, other professionals/agencies and third parties.
- Support advocacy and follow-up from an Independent Sexual Violence Advisor including support through the Criminal Justice process.
- Referrals for counselling, psychological assessment.
- Health information and advice.
- Fast track referral to Genitourinary Medicine (GUM) clinics.
- Referrals to community services and/or voluntary sector organisation as appropriate.

3.3 The precise nature of the service provided will be tailored to meet the victim's needs.

## **4. Staffing**

### SARC Manager

4.1 The SARC Manager's role is to oversee the day to day management at the SARC.

4.2 The SARC manager will be responsible for partnership working with NHS England, local health providers, local health commissioners, e.g. Suffolk County Council, Clinical Commissioning Groups (CCGs), police and the voluntary sector. The SARC manager will chair the SARC Operational Group consisting of relevant partner agencies, both statutory and voluntary. They will also chair Clinical Governance meetings with police and forensic nurse providers. Outcomes of these will report in to the SARC Strategic Board.

4.3 It is vital that the SARC manager establishes good relations with other regional and local voluntary and statutory agencies and develops a support network through joint working and consultancy. They must also ensure that the service is delivered in line with best practice guidelines. The SARC manager will make sure that victims of rape and sexual assault are correctly and adequately supported.

4.4 Key responsibilities of the SARC Manager include, but are not limited to:

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- Strategic Leadership - Report to Strategic Board, PVP Management meetings, NHS England, Serious Sexual Offences Improvement Board. Chair Operational Group and Clinical Governance Meetings.
- Oversee pathways between SARC and any relevant partner agencies.
- Dealing with Complaints.
- Clinical Governance.
- Dealing with Media.
- Ensure that systems and processes are in place for the timely submission of the NHS England SARC Indicators of Performance (SARCIPs).

## Office Manager

(Monday to Friday 0900 – 1700 flexible)

4.5 The Office Managers' role is to provide a comprehensive proactive, personal and confidential administrative support service to the SARC Manager. The Office Manager will:

- Be the first point of contact for Crisis Workers to provide any advice and ensure appropriate support is in place, for them to carry out their roles.
- Provide a comprehensive, proactive, personal and confidential administrative support service to the SARC Manager, Police and NHS.
- Be responsible for maintaining the suite to the standards of cleanliness needed to minimise risk of DNA contamination and ensure everyone has completed all paperwork accurately.
- Manage and co-ordinate the administration service provided to the SARC ensuring performance standards are met. This will include liaising with Forensic Science Service and managing all forensic issues within the SARC.
- Receive initial Police and Self-referrals.
- Maintain relevant databases for audit purposes.
- Act as a Crisis worker.

## Independent Sexual Violence Advisors (ISVAs)

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(Monday to Friday 0900 – 1700 flexible)

4.6 Independent Sexual Violence Advisors (ISVAs) are victim focused advocates who provide a pro-active service to victims of sexual violence by risk assessment and safety planning. They are responsible for supporting victims by:

- Risk assessing and helping clients to keep safe.
- Helping victims to live without fear of violence.
- Liaising between Police and victim.
- Helping clients to access their rights, health services and any other services they require.
- Monitoring and keeping client informed of case progress.
- Providing support through the criminal justice system.
- Following procedures and protocols with other services so that the safety of the clients is kept central to any process.
- Noting and feeding back to other agencies any consistent difficulties clients are having in accessing their service.
- To develop and maintain effective communication systems with key partners such as police, Crown Prosecution Service, court service, social services, education, primary care trust (mental and sexual health) Victim Support, Witness Service, The Children and Family Court Advisory and Support Service (CAFCASS).
- To provide specialist advice to other workers and agencies, including participation in delivery of training sessions.

### Out of Hours Crisis Workers

Monday to Friday 1700 – 0900

Saturday, Sunday and Bank Holidays – 0700 – 1900 and 19:00 to 07:00

4.7 A Crisis Worker is specially trained to support the victim during the initial stages of reporting including the examination.

4.8 The Crisis Worker will be responsible for:

- Explaining the process to the victim at each stage.

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- Liaising between the police, Forensic Nurse Examiner (FNE), victim and another person present either professional or family member – translating any jargon etc.
- Monitoring the victim's emotional state and provide necessary support and care.
- Providing assistance to the Forensic Nurse Examiner during the forensic examination.
- Offering a welcoming environment to all those attending the SARC.
- Maintaining the suite to the standards of cleanliness needed to minimise the risk of DNA contamination.
- Ensuring that all paperwork has been completed accurately and any additional information is left for the SARC Office Manager.
- Restock and ensure the unit is ready for use before leaving and securing the building.

4.9 In the case of self-referrals the same process will be followed but will not involve the police.

### Forensic Nurse Examiners (FNEs)

4.10 Forensic Nurse Examiners are appropriately and professionally qualified, trained and competent clinicians who, with the victims consent, undertake examinations as sympathetically as possible. The examination can be undertaken whether the police are involved or not. The forensic medical examination is a holistic examination undertaken in line with national guidance, which includes the assessment of injuries and the taking of samples that may be used as evidence in a police investigation and any subsequent prosecution. Immediate health needs will be met for example, post coital contraception and HIV Post Exposure Prophylaxis (PEP). Other health needs including general and mental health needs and follow up screening for sexually transmitted infections (STIs) will also be assessed and discussed.

4.11 Other responsibilities carried out by a Forensic Nurse Examiner will include:

- Having been briefed and a forensic strategy agreed, the nurse will carry out the examination.
- Recording any injuries with supporting photographs.
- Monitoring and ensuring the secure storage of their records, which complies with health and criminal justice legislation.

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- Writing letters to GP's, referring to GUM clinics, submitting safeguarding referrals when a risk is identified, and for all under-18 year olds.
- Preparing reports for courts and other professionals involved in the care of victims.
- Preparing witness statements at the request of the police or Crown Prosecution Service.
- Attending court as a witness as required.

### Paediatric Trained Forensic Medical Examiner

4.12 The Paediatric Trained Forensic Medical Examiners are appropriately and professionally qualified, trained and competent clinicians who, with the victim's consent, undertake examinations as sympathetically as possible. The examinations will only be undertaken with police and social care involvement. The forensic medical examination is a holistic examination undertaken in line with national guidance, which includes the assessment of injuries and the taking of samples that may be used as evidence in a police investigation and any subsequent prosecution. Immediate health needs will be met for example, post coital contraception and HIV Post Exposure Prophylaxis (PEP). Other health needs including general and mental health needs and follow up screening for sexually transmitted infections (STIs) will also be assessed and discussed.

4.13 Current level of provision is one day a week. This will be to book in non-recent child cases and acute cases if the forensic window is applicable.

4.14 In the event of an acute child case the forensic provider will be contacted and requested to attend. This should only take place following a joint strategy discussion involving police, social care, SARC and the Paediatric Trained FME. See [Appendix A](#).

4.15 Other responsibilities carried out by a Paediatric Trained Forensic Medical Examiner will include:

- Having been briefed and a forensic strategy agreed, the FME will carry out the examination. This will be supported by a Crisis Worker.
- Recording all injuries with supporting photographs.
- Monitoring and ensuring the secure storage of their records, which complies with health and criminal justice legislation.

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- Writing letters to GP's, referring to GUM clinics, submitting safeguarding referrals when a risk is identified. Notifying named safeguarding leads of the client's attendance to the SARC.
- Preparing reports for courts and other professionals involved in the care of victims.
- Preparing witness statements at the request of the police or Crown Prosecution Service.
- Attending court as a witness as required.

## 5. Referral Pathways

5.1 There are three referral pathways in which a client can attend the SARC:

Police Referral ([Appendix B](#))

5.2 A client can report directly to the police by:

- Dialling 999;
- Calling non-emergency numbers 101 or 01473 613500; or
- Visiting a police station.

Self-Referrals ([Appendix B](#))

5.3 A client can report directly to the SARC without involving the police by:

- Calling the 24 hour advice line: 0300 123 5058;
- Emailing - [contact@theferns-suffolk.org.uk](mailto:contact@theferns-suffolk.org.uk); or
- Completing the on-line form via The Ferns website [www.theferns-suffolk.org.uk](http://www.theferns-suffolk.org.uk).

Professional Referrals

5.4 Clients can also be referred through other health and non-health professionals such as a GP, Hospital, Women's Centre, Support Worker, Social Care etc, by using the same processes as above. See [Appendix C](#).

## 6. Referral Processes

Police Referral

- Report received by police.

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- Client's immediate/special needs to be ascertained as soon as possible, for example, health/cultural/language/special needs/child care/mental health/disabilities.
- Response Officer attends scene, takes victim's first account, establishes if current or historic, identifies forensic opportunities (considers use of Early Evidence Kit (EEK)).
- Attending officer completes Serious Sexual Offences Initial Investigation Log (August 16 SOIT version).
- Response Officer ensures duty Detective Inspector is informed.
- CCR or on-duty Detective Inspector to co-ordinate arrival of the client, Crisis Worker and FNE at SARC, if incident occurred within last seven days and client has capacity to consent to medical examination.
- SARC staff will act independent of the police and in the best interests of the client at all times, to improve client outcomes.
- Response Officer transports client to SARC.
- On arrival at the SARC proceed to the forensic entrance.
- Client is introduced and placed in care of Crisis Worker and FNE.
- Officer to brief FNE and agree the forensic strategy.
- FNE talks to client, takes medical history and assesses ability to give consent for the examination.
- Examination takes place.
- Crisis Worker will support client during examination.
- After examination Crisis Worker offers client shower, clothing and refreshments.
- Officer signs FNE paperwork and exhibit bags in line with continuity. Exhibits can be booked into fridge/freezer at the SARC or taken to nearest police property stores.
- If early hours, or client has had limited sleep, client to be allowed to rest before their Achieving Best Evidence Interview.
- Detective Inspector to decide how and when to take client's statement.
- Detective Inspector to ensure risk assessment has been completed (Form 1201), including the DASH, and safety planning carried out.

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- Detective Inspector to make decisions in relation to crime scenes and arrest of perpetrator, if known.
- Crisis Worker explains the next stage of the investigation and available support such as ISVA.
- Officer completes paperwork and nurse provides a copy of the 'Summary Report for Police'.
- Officer transports client to their home or another location, determined by the welfare needs of the client and the investigation.
- Crisis Worker replenishes examination room.
- Crisis Worker requests a forensic clean of all areas accessed.
- Cleaners will seal examination room/s and complete the log book. (The logs are stored on each examination room door).
- Crisis Worker forwards relevant information to Office Manager, ensuring all relevant documents are completed.
- Office manager collates all information and refers to ISVA service.
- ISVA to make contact within five days for acute cases, complete ISVA initial assessment and signpost accordingly.
- Gemini Team to investigate rape investigations.

### 6.1 If client refuses to have a medical:

- If a police referral, the Crisis Worker will explain their self-referral options. If they agree, Crisis Worker will inform the officer of the client's decision.
- If client simply refuses, all options will be explained to them. All support numbers and details will be provided also.

#### Self-Referrals

6.2 If a call is received out of hours and the assault is historic (occurred outside of seven day window), an appointment will be made to meet client at the SARC during office hours. If it is within the seven-day forensic window, acute cases will be seen between 08:00 to 19:00 weekdays and 07:00 and 19:00 weekends and bank holidays. Authorisation must be sought from the SARC Manager for SARC out of hours appointments.

- Client makes contact directly with the SARC.

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- Crisis Worker ascertains the nature of the call and completes initial contact form.
- Crisis Worker to conduct risk assessment as regards to any danger that may be posed toward the client, or indeed any danger/threats that the client may pose to those seeking to assist him/her. If the client is at risk, Crisis Worker provides relevant Emergency Services number(s) or a number from the list of useful numbers maintained by the SARC.
- Client's immediate/special needs to be established as soon as possible, for example, health/cultural/language/child care/mental health/disabilities etc.
- Crisis Worker to ascertain if police have been informed. If a report to the police is requested by the client this will be facilitated.
- Where client does not wish to inform police, the Crisis Worker outlines the services of the SARC and explains the limits of confidentiality in relation to safeguarding children - if it is deemed that a child is at risk of significant harm, information will be shared with the police and social care (Children's Act 1989). Explain there is also a duty of care to the public and if a risk is identified we will need to disclose to either police/social care or both.
- Offer client opportunity to have a medical examination and give advice in relation to preserving as much evidence as possible, such as not changing clothing, not washing, drinking, eating, smoking etc.
- Crisis Worker arranges time for client to attend the SARC.
- Attendance of FNE to be arranged via forensic provider.
- Client is met by Crisis Worker at the SARC and explains their role and the FNE's role.
- Crisis Worker and FNE complete their paperwork and self-referral booklet. FNE takes medical history and requests consent for examination.
- Forensic strategy agreed by FNE and Crisis Worker.
- Crisis Worker breaks seal to examination room and record seal number in seal book located outside examination room.
- Clinical examination takes place.
- Crisis Worker takes possession, bags and records all exhibits.

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- After examination, Crisis Worker offers client shower, clothing and refreshments.
- Crisis Worker ensures that all relevant documents are completed and forensic samples are stored and labelled appropriately at the SARC. Separate freezers stored in store room.
- Crisis Worker explains the next stage of the process and informs client of support and options available. Provide ISVA service details.
- Client leaves SARC.
- Cleaners will seal examination room/s and complete the log book. (The logs are stored on each examination room door).
- Office Manager collates all information and refers to ISVA service.
- ISVA makes contact within five days, completes ISVA assessment and signposts accordingly.

### Professional Referral

6.3 There may be occasions when reports of rape or serious sexual assault are received by a professional not employed by the police or the SARC. Where this occurs, the following two procedures apply:

- If the client wishes for the police to be involved, the professional will contact the police on 101 or 01473 613500. The Police Referral process will then apply.
- If the client does not want the police to be involved, the professional will invite them to be referred or self-refer to the SARC and should offer such support as is necessary to allow them to do so. The Self-Referral process will then apply.

### Out of Hours

6.4 For police referrals the same process carried out in office hours is followed but it is CCR that coordinates the Crisis Worker and FNE.

6.5 Self-referral medicals will be assessed on a case by case basis but predominantly they will be seen during day time hours 0700 to 1900. This service is accessed by phoning 0300 123 5058.

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<b>See Also:</b>	<a href="#">NHS England Commissioning Framework for SARC Services</a> <a href="#">The Faculty of Forensic and Legal Medicine (FFLM) Guidance for the Collection of Forensic Specimens from Complainants and Suspects</a>
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<b>Authorised By:</b>	D/Supt Safeguarding and Investigations
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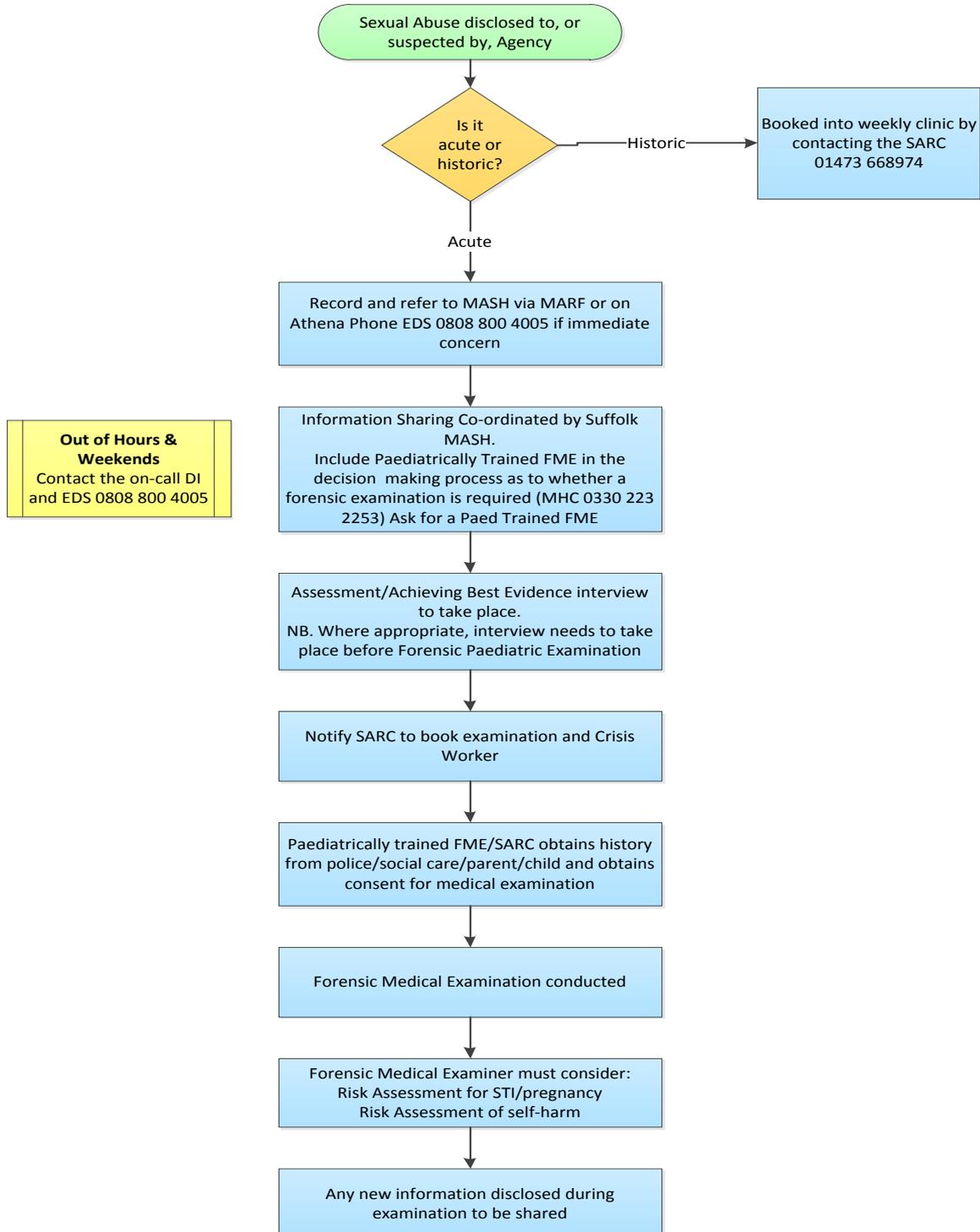
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### Appendix A – Paediatric Pathway for Under 13s



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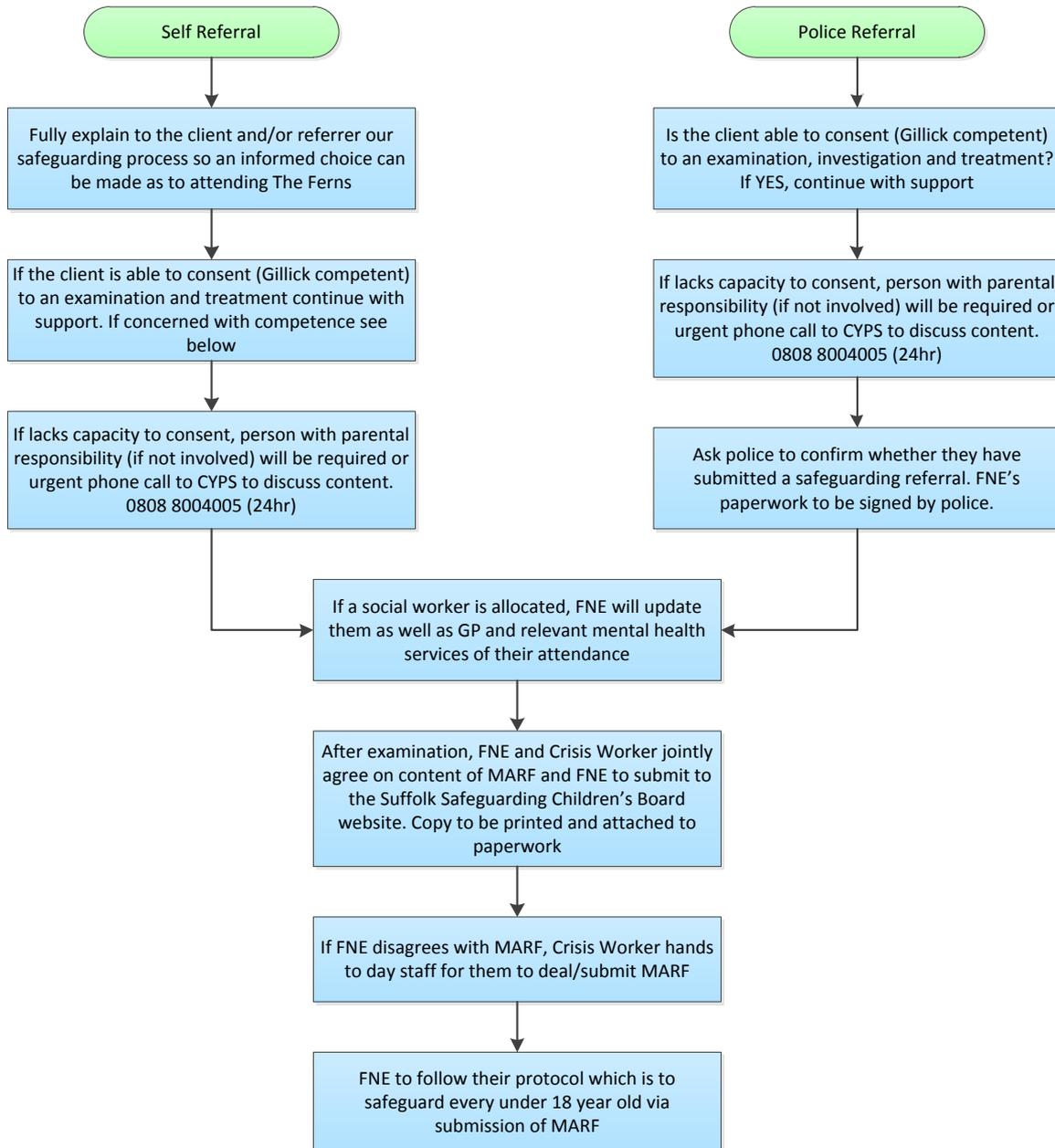
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### Appendix B – Police and Self-Referral Pathways



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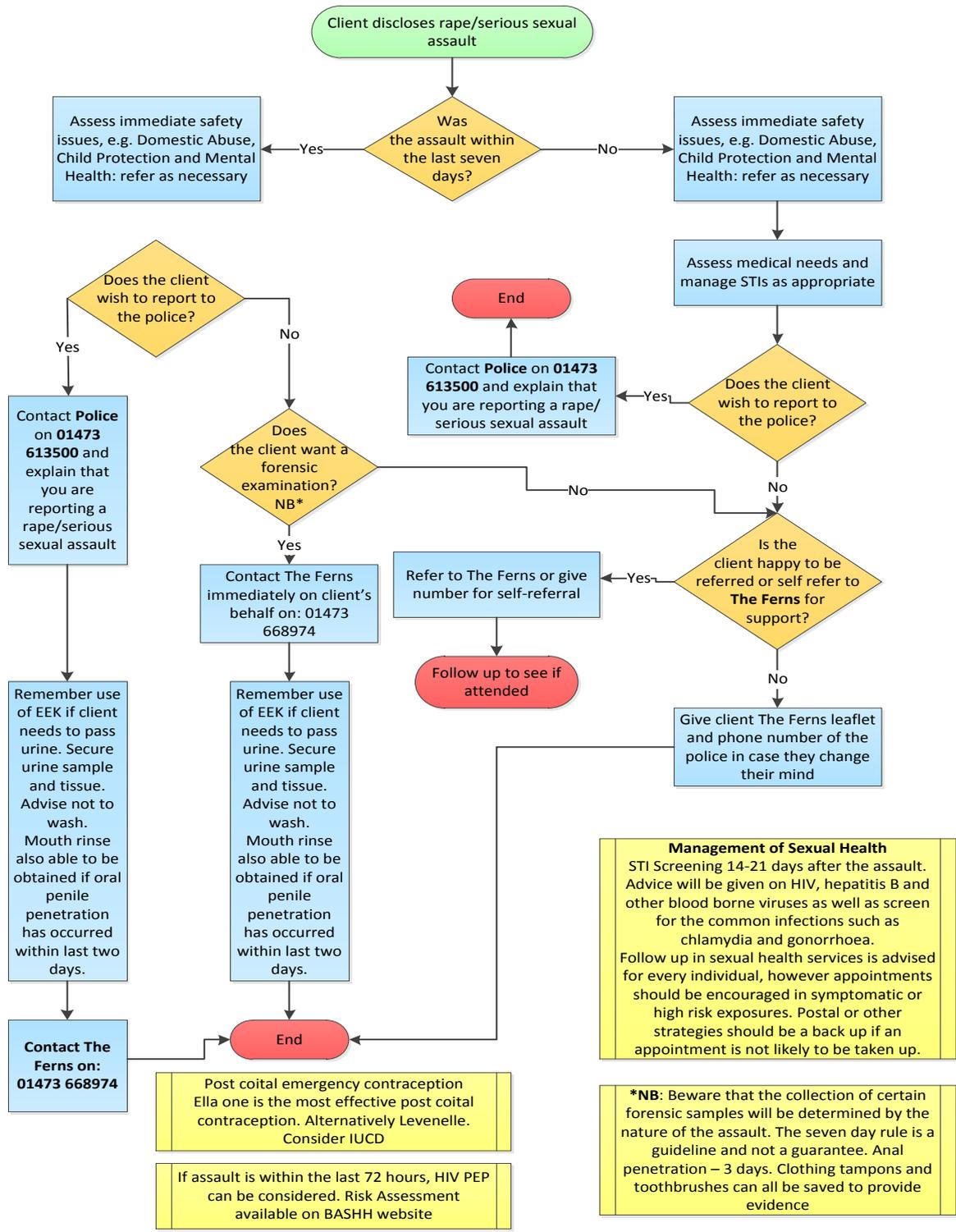
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### Appendix C – Professional Referral Pathway



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